

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90029 029 ****61.25

DOCUMENT # 725725 1. Entity Name LEISURE LAKE CIRCLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 200 LEISURE LAKE CIRCLE BOYNTON BEACH, FL 33426			Mailing Address 200 LEISURE LAKE CIRCLE BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1585178	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEANE, THOMAS 101 LEISURE LAKE CIRCLE #101 BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBATE, GUS 200 LEISURE LAKE CIRCLE #104 BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDEN, JOHN 301 LEISURE LAKE CIRCLE #101 BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, DEANE 101 LEISURE LAKE CIRCLE SUITE 101 BOYNTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENARDI, MARIA 101 LEISURE LAKE CIRCLE #111 BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDIN, RONALD 100 LEISURE LAKE CIRCL #014 BOYNTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURK, RAYMOND 101 LEISURE LAKE CIRCLE #110 BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHEATLEY, GAIL 201 LEISURE LAKE CIRCLE #103 BOYNTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURANT, CHARLES 100 LEISURE LAKE CIRCLE #102 BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTINGLEY, GEORGE 200 LEISURE LAKE CIRCLE #101 BOYNTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, JOHN 400 S. FEDERAL HWY. #404 BOYNTON BEACH, FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHEATLEY, THOMAS 201 LEISURE LAKE CIRCLE #103 BOYNTON BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>THOMAS DEANE</u> FEBRUARY 6/07 561-738-9757 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					