2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 725725

FILED Mar 31, 2008 8:00 am Secretary of State

1. Entity Name LEISURE LAKE CIRCLE CONDOMINIUM ASSOCIATION, INC.							03-31-2008 9	90007 021	****61	.25	
Principal Plac 200 LEISURE BOYNTON BI	E LAKE CIRCI	LE	Mailing Address 200 LEISURE LAKE CIR BOYNTON BEACH, FL				1		Rivit divit di	Bras in coca	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
			Suite, Apt. #, etc.	uite, Apt. #, etc.		03182008	Chg-NP	CR2E037	(12/06)		
			City & State			4. FEI Number 59-1585178				oplied For ot Applicable	
Zip			Zip			5. Certificate of Status Desired Fee				.75 Additional Required	
6. Name and Address of Current Registered Agent						7. Name and	Address of New F	Registered Ac	ent		
DEANE, THOMAS 101 LEISURE LAKE CIRCLE #101 BOYTON BEACH, FL 33426					Name Street Address (P.O. Box Number is Not Acceptable)						
BOTTON BEACH, FL 33426							***	C1	Zip Cod	e	
								FL	ــــــــــــــــــــــــــــــــــــــ		
	named entity tions of regist		the purpose of changing its	registered office o	r registen	ed agent, or both	n, in the State of Fi	lorida. Tam ta	miliar with,	and accept	
SIGNATURE .		or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent trigner	ture required	when renstating)		DATE			
	Filing Fe		9 Floation Com	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
	-	e is \$61.25 lay 1, 2008	Trust Fund C								
10,	Due by N		Trust Fund C			Added to Fees		rida Departs	nent of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBATE, 200 LEISU	OFFICERS AND DIR	Trust Fund C	ontribution.	Bui	Added to Fees DDITIONS/CHA RK, RAY LEYSUR	MOND E LAKE (rida Departr ERS AND DIRE	CTORS IN Change	tate	
TITLE NAME STREET ADDRESS	VD ABBATE, 200 LEISU	OFFICERS AND DIRI GUS JRE LAKE CIRCLE #104	Trust Fund C	Ontribution. 11. TITLE NAME STREET ADDRESS	Bui	Added to Fees DDITIONS/CHA RK, RAY LEYSUR	Floor	rida Departi PRS AND DIRE PRLE #	CTORS IN Change	tate	
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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 thistee 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.

AND TYPED OR PROVIDED MANE OF SIGNING OFFICER OR

SIGNATURE:

MAR. 19/08 561-738-9757