

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90028 024 ****61.25

DOCUMENT # 725775 1. Entity Name LEISUREVILLE GOLF VIEW NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 300 GOLF VIEW TERRACE BOYNTON BEACH, FL 33426			Mailing Address 300 GOLF VIEW TERRACE 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			
Zip	Country	Zip	Country		4. FEI Number 59-1702351
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					Applied For Not Applicable
6. Name and Address of Current Registered Agent JOHN PORTER ACCOUNTING 400 S FEDERAL HWY SUITE 404 BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name <u>Ann Carlson</u> Street Address (P.O. Box Number is Not Acceptable) <u>200 Golfview Ter #127</u> City <u>Boynton Beach</u> FL Zip Code <u>33426</u>		
8. The above named entity admits 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 <u>Ann T. Carlson</u> <u>Vice-President</u> <u>3-27-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D PORTER, JOHN 400 S FEDERAL HWY., SUITE 404 BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Accountant: Jim Archer 522 Lafayette Blvd Brigantine NJ 08203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHASHA, CAROL 300 SW GOLFVIEW TERR. 43-138 BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carol Shasha 306 sw Golfview Ter #138 Boynton Beach FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANDY, JOY 300 GOLFVIEW TERR. #140 BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, Secretary Joy Brady 1256 Meriweather Ave Cincinnati OH 45208-2813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLAGHER, ANN MARIE 300 SE GOLFVIEW TER V3-116 BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURRI, ANNA 200 SW GOLFVIEW TER V3-132 BOYNTON BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CARLSON, ANN 200 GOLFVIEW TERR. #127 BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Ann Carlson 200 sw Golfview Ter #127 Boynton Beach FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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>Joy Brady Joy Brady, 516/Treas</u> <u>3/29/08</u> <u>513-321-4047</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					