

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725775

FILED  
Mar 11, 2011  
Secretary of State

**Entity Name:** LEISUREVILLE GOLF VIEW NORTH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

300 GOLF VIEW TERRACE  
U-3  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

300 GOLF VIEW TERRACE  
U-3  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 59-1702351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CARLSON, ANN  
200 GOLFOVIEW TER  
U3-127  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

QUINONES, LINDA M  
100 SW GOLFOVIEW TERR  
U3-110  
BOYNTON BEACH, FL 33426 US

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.

SIGNATURE: LINDA M. QUINONES

03/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SANDS, IDA  
Address: 300 SW GOLFOVIEW TERR # 147  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP  
Name: SALTER, JOHN  
Address: 300 SW GOLFOVIEW TERR #131  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T  
Name: QUINONES, LINDA M  
Address: 100 SW GOLFOVIEW TERR # 110  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S  
Name: BRADY, JOY  
Address: 300 SW GOLFOVIEW TERR # 140  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: G  
Name: LARSON, WESLEY  
Address: 300 SW GOLFOVIEW TERR # 146  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SD  
Name: LOUGHLIN, NORA  
Address: 100 SW GOLFOVIEW TERR U3-115  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA M. QUINONES

T

03/11/2011

Electronic Signature of Signing Officer or Director

Date