

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730055

FILED
Feb 23, 2009
Secretary of State

Entity Name: PALM BEACH LEISUREVILLE SUMMERS LAKE APARTMENTS BUILDING NO. 3 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2100 S.W. LAKE CIRCLE DRIVE
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

2100 S.W. LAKE CIRCLE DRIVE
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 59-1612711 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHERIDAN, RICHARD
2100 SW LAKE CIR DR 106
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LEE, RICHARD
Address: 2100 SW LAKE CIRCLE DR., #104
City-St-Zip: BOYNTON BEACH, FL 33426

Title: PD () Delete
Name: SHERIDAN, RICHARD
Address: 2100 SW LAKE CIRCLE DR., #106
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD () Delete
Name: JONES, HELEN
Address: 2100 SW LAKE CIRCLE DRIVE, #101
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SD () Delete
Name: LEE, PEGGY
Address: 2100 SW LAKE CIRCLE DR., #104
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: GUINEE, ROBERT
Address: 2100 SW LAKE CIRCLE DRIVE #102
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KASSMEL, CAROLIN
Address: 2100 SW LAKE CIRCLE DR., #107
City-St-Zip: BOYNTON BEACH, FL 33426

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHERIDAN, RICHARD

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date