

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

04-12-2006 90087 017 ****61.25

DOCUMENT # 731560

1. Entity Name

**PALM BEACH LEISUREVILLE SUMMERS LAKE
APARTMENTS BUILDING NO. 5 CONDOMINIUM**



Principal Place of Business

**719 SW LAKE CT
BUILDING NO. 5
BOYNTON BEACH FL 33426**

Mailing Address

**719 SW LAKE CT
BUILDING NO. 5
BOYNTON BEACH FL 33426**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6600814

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EKLUND, JOAN H
719 SW LAKE COURT
BOYNTON BEACH FL 33426**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**PD
EKLUND, JOAN H
719 SW LAKE CT
BOYNTON BEACH FL 33426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT
CHRISTINE EKLUND
719 SW LAKE CT
BOYNTON BEACH FL 33426** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
LEONE, DICK
719 SW LAKE CT
BOYNTON BEACH FL 33426** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT
CHRISTINE EKLUND
719 SW LAKE CT
BOYNTON BEACH FL 33426** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DTS
BIRD, WALTER
719 SW LAKE CT
BOYNTON BEACH FL 33426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT
CHRISTINE EKLUND
719 SW LAKE CT
BOYNTON BEACH FL 33426** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
POLICASTRO, MARION
719 SW LAKE CT
BOYNTON BEACH FL 33426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT
CHRISTINE EKLUND
719 SW LAKE CT
BOYNTON BEACH FL 33426** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ADAM, ALDRED
719 SW LAKE CT.
BOYNTON BEACH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT
CHRISTINE EKLUND
719 SW LAKE CT
BOYNTON BEACH FL 33426** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STEWART, MARY
719 SW LAKE CT # 101
BOYNTON BEACH FL 33426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT
CHRISTINE EKLUND
719 SW LAKE CT
BOYNTON BEACH FL 33426** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joan Eklund
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06
DATE

521
737-5596
Customer Phone #