


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90014 048 ****61.25

DOCUMENT # 731560	
1. Entity Name	
PALM BEACH LEISUREVILLE SUMMERS LAKE APARTMENTS BUILDING NO. 5 CONDOMINIUM	

Principal Place of Business	Mailing Address
719 SW LAKE CT BUILDING NO. 5 BOYNTON BEACH FL 33426	719 SW LAKE CT BUILDING NO. 5 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

400042300



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
59-6600814		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EKLUND, JOAN H	NAME	
STREET ADDRESS	719 SW LAKE CT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	V P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EKLUND, CHRISTINE	NAME	MARGUERITE WALKSMUTH
STREET ADDRESS	719 SW LAKE CT	STREET ADDRESS	719 SW LAKE CT
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	BOYNTON BCH FL 33426
TITLE	DTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, WALTER	NAME	
STREET ADDRESS	719 SW LAKE CT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLICASTRO, MARION	NAME	
STREET ADDRESS	719 SW LAKE CT	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAM, ALDRED	NAME	
STREET ADDRESS	719 SW LAKE CT	STREET ADDRESS	
CITY-ST-ZIP	BAYNTON BCH FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MARY	NAME	
STREET ADDRESS	719 SW LAKE CT # 101	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	CITY-ST-ZIP	

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

JOAN EKLUND

3/13/07

861 737-5596