

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90034 027 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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, Apt. 106

Name Walter Bird  
Street Address (P.O. Box Number is Not Acceptable)  
719 SW Lake Ct  
Apt. 103  
City Boynton Beach FL Zip Code 33426

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, 2008**

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

TITLE PD  
NAME EKLUND, JOAN H  
STREET ADDRESS 719 SW LAKE CT  
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

TITLE VP  
NAME WALSHMURN, MARGUENITE  
STREET ADDRESS 719 SW LAKE CT  
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: Walter Bird, Treas. Walter Bird 2/26/08 7345677