

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 731560

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** PALM BEACH LEISUREVILLE SUMMERS LAKE APARTMENTS BUILDING NO. 5 CONDOMINIUM ASSOCIATION, INC.J

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

1115 FLORENTINE WAY  
BOYNTON BEACH, FL 33426

**FEI Number:** 59-6600814      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BIRD, WALTER  
719 SW LAKE CT  
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: WALTER BIRD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: EKLUND, JOAN H  
Address: 719 SW LAKE CT  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP      ( ) Delete  
Name: WALHSMURN, MARGUENITE  
Address: 719 SW LAKE CT  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DTS      ( ) Delete  
Name: BIRD, WALTER  
Address: 719 SW LAKE CT  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S      ( ) Delete  
Name: POLICASTRO, MARION  
Address: 719 SW LAKE CT  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP      (X) Change ( ) Addition  
Name: WACHSMUTH, MARGUERITE  
Address: 719 SW LAKE CT  
City-St-Zip: BOYNTON BEACH, FL 33426

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

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: JOAN H. EKLUND

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

10/15/2009

\_\_\_\_\_  
Date