


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

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90053 005 ****61.25

DOCUMENT # 747112					
1. Entity Name LEISUREVILLE LAKE UNIT O CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O 1804 OCEAN DR 101 BOYNTON BCH FL 33426		Mailing Address C/O 1804 OCEAN DR 101 BOYNTON BCH FL 33426			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-191120	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLEY, RONALD R 1804 OCEAN DR APT 101 BOYNTON BCH FL 33426			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V ANDERSON, MARVIN 1804 OCEAN DR #112 BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	GERRY HANEY FRANKS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1804 OCEAN DRIVE 105 BOYNTON BEACH, FL 33426 SCOTT SCOTT	
TITLE NAME STREET ADDRESS CITY ST ZIP	P GALLEY, RONALD R 1804 OCEAN DR #101 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	MD D'ELIA, WILLIAM 1804 OCEAN DR #101 BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	RICHARD HENDRICKS <input type="checkbox"/> Change <input type="checkbox"/> Addition 1804 OCEAN DRIVE 113 BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY ST ZIP	T BENNETT, GARY 1804 OCEAN DRIVE #108 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	S WAHLSTROM, MERLE 1804 OCEAN DR #109 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/06)

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: *Ronald R. Galley* **RONALD R. GALLEY** 1/19/07 561 739-9860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #