

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

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90045 030 \*\*\*\*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 #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number **59-1911120** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature only used 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	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>FRANKSEOTT, SCOTT</b>	
STREET ADDRESS	<b>1804 OCEAN DR., 103</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GALLEY, RONALD R</b>	
STREET ADDRESS	<b>1804 OCEAN DR #101</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>HENDRICKS, RICHARD</b>	
STREET ADDRESS	<b>1804 OCEAN DR., 113</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, GARY</b>	
STREET ADDRESS	<b>1804 OCEAN DRIVE #108</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WAHLSTROM, MERLE</b>	
STREET ADDRESS	<b>1804 OCEAN DR #109</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CONNIE PINELLI</b>	
STREET ADDRESS	<b>1804 OCEAN DRIVE 106</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33426</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 employees.

SIGNATURE: *Ronald R Galley* President