

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2009  
Secretary of State**

DOCUMENT# 747112

Entity Name: LEISUREVILLE LAKE UNIT O CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O 1804 OCEAN DR  
101  
BOYNTON BCH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 1804 OCEAN DR  
101  
BOYNTON BCH, FL 33426

**New Mailing Address:**

FEI Number: 59-1911120      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GALLEY, RONALD R  
1804 OCEAN DR  
APT 101  
BOYNTON BCH, 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:

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: FRANKSEOTT, SCOTT  
Address: 1804 OCEAN DR., 103  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: P ( ) Delete  
Name: GALLEY, RONALD R  
Address: 1804 OCEAN DR #101  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MD ( ) Delete  
Name: HENDRICKS, RICHARD  
Address: 1804 OCEAN DR., 113  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: T ( ) Delete  
Name: BENNETT, GARY  
Address: 1804 OCEAN DRIVE #108  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S ( ) Delete  
Name: WAHLSTROM, MERLE  
Address: 1804 OCEAN DR #109  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V ( ) Delete  
Name: PINELLI, CONNIE  
Address: 1804 OCEAN DRIVE 106  
City-St-Zip: BOYNTON BEACH, FL 33426

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

Title: MD (X) Change ( ) Addition  
Name: SCOTT, FRANKLIN  
Address: 1804 OCEAN DR., 103  
City-St-Zip: BOYNTON BEACH, FL 33426

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

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

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

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: RONALD R. GALLEY

P

01/14/2009

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

\_\_\_\_\_  
Date