



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90020 005 ****61.25

DOCUMENT # 764648 1. Entity Name LEVERETT HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 120 SUNSET AVE. PALM BEACH, FL 33480			Mailing Address 120 SUNSET AVE. PALM BEACH, FL 33480		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2212766	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ST. JOHN & KING 1601 FORUM PLACE SUITE 701 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name St. John, Core + Lemme, P.A. Street Address (P.O. Box Number is Not Acceptable) 1601 Forum Place, Suite 701 City West Palm Beach FL 33401		
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 reinstating) DATE</small>					
Filing 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	D FURMAN, ROY 120 SUNSET AVE 4D PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Furman, Roy
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LACHMAN, MILTON 110 SUNSET AVENUE 4A PALM BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lachman, Milton
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMOND, A.E. 110 SUNSET AVE 3A PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Diamond, A.E.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELFER, NORMAN 120 SUNSET AVE 3C PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Belfer, Elinor 120 Sunset Ave 3C Palm Beach, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ETTENHEIMER, AUBREY 120 SUNSET AVE C PALM BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grabel, Lorraine 120 Sunset Ave 3E Palm Beach FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDER, LINDA 120 SUNSET AVE 2E PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Roy Furman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/07 <small>Date</small>		561-655-6472 <small>Daytime Phone #</small>