

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719228

FILED
Feb 27, 2014
Secretary of State
CC2754019393**Entity Name:** LEISUREVILLE LAKE UNIT F CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**LEASUREVILLE LAKE CONDO F ASSOC, INC.
1117 LAKE TERRACE
BOYNTON BEACH, FL 33426**Current Mailing Address:**LEASUREVILLE LAKE CONDO F ASSOC, INC.
1117 LAKE TERRACE
BOYNTON BEACH, FL 33426**FEI Number: 59-1911859****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CASSA, SHIRLEY
217 SW 14TH STREET
BOYNTON BEACH, FL 33426 US*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: SHIRLEY CASSA****02/27/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	MORAIS, ANNE
Address	1117 LAKE TERR F205
City-State-Zip:	BOYNTON BEACH FL 33426

Title	DIRECTOR
Name	STROSBERG, LINDA
Address	1117 LAKE TERR F112
City-State-Zip:	BOYNTON BEACH FL 33426

Title	S
Name	MERWIN, KARLENE
Address	1117 LAKE TERR F103
City-State-Zip:	BOYNTON BEACH FL 33426

Title	T
Name	CASSA, SHIRLEY
Address	217 SW 14TH ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	D
Name	LARSEN, TOR
Address	1117 LAKE TERR #F104
City-State-Zip:	BOYNTON BEACH FL 33426

Title	VP
Name	FRECHETTE, SCOTT
Address	1117 LAKE TER 102
City-State-Zip:	BOYNTON BEACH FL 33426

I hereby 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 all other like empowered.

SIGNATURE: SHIRLEY CASSA**TREASURER****02/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date