

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90113 034 \*\*\*\*61.25

**DOCUMENT # 709663**

1. Entity Name

**LA BONNE VIE CONDOMINIUM APARTMENTS, INC.**

Principal Place of Business

Mailing Address

**3475 S.OCEAN BLVD.  
 PALM BEACH FL 33480**

**3475 S.OCEAN BLVD.  
 PALM BEACH FL 33480**

2. Principal Place of Business

**3475 S OCEAN BLVD**

3. Mailing Address

**3475 S OCEAN BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM BEACH FL**

City & State

**PALM BEACH FL**

Zip

Country

Zip

Country

**33480**

**PALM BEACH**

**33480**

**PALM BEACH**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN DORNE, JOHN  
 3475 S OCEAN BLVD  
 PALM BEACH FL 33480**

Name

**DONALD CASTAGNERO G.Mg**

Street Address (P.O. Box Number is Not Acceptable)

**3475 SO. OCEAN BLVD**

City

**PALM BEACH**

State

Zip Code

**FL 33480**

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.

SIGNATURE

*Donald Castagnero*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-5-01**

DATE

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	<del>DOORNE, JOHN VAN</del>	
STREET ADDRESS	<del>3475 SO. OCEAN BLVD.</del>	
CITY-ST-ZIP	<del>PALM BEACH FL 33480</del>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>HILL, DANA</del>	
STREET ADDRESS	<del>3475 S OCEAN BLVD</del>	
CITY-ST-ZIP	<del>PALM BEACH FL 33480</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<del>LOEW, ARNOLD DR.</del>	
STREET ADDRESS	<del>3475 SO. OCEAN BLVD.</del>	
CITY-ST-ZIP	<del>PALM BEACH FL 33480</del>	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	<del>DESROCHES, LEONARD</del>	
STREET ADDRESS	<del>3475 S OCEAN BLVD</del>	
CITY-ST-ZIP	<del>PALM BEACH FL 33480</del>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>CURTIS, RUSSELL</del>	
STREET ADDRESS	<del>3475 S OCEAN BLVD</del>	
CITY-ST-ZIP	<del>PALM BCH FL 33480</del>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<del>EDDY BEN MUHAR</del>	
STREET ADDRESS	<del>3475 S. OCEAN BLVD</del>	
CITY-ST-ZIP	<del>PALM BEACH, FL 33480</del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZORAN MILENOVIC</b>	
STREET ADDRESS	<b>3475 S. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOEW, DR. ARNOLD</b>	
STREET ADDRESS	<b>3475 SO OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM Bch FI 33480</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURTIS, RUSSELL</b>	
STREET ADDRESS	<b>3475 SO OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM Bch FI 33480</b>	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EDDY BEN MUHAR</b>	
STREET ADDRESS	<b>3475 SO OCEAN BLVD</b>	
CITY-ST-ZIP	<b>PALM Bch FI 33480</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Signature of Eddy Benmuhar*  
**EDDY BEN MUHAR - TREASURER 7/5/01**

CR2E037 (5/01)