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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758068 (1)

1. Corporation Name
LCL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 200 W. PALMETTO PARK ROAD, BOCA RATON FL 33432
Mailing Address: 200 W. PALMETTO PARK ROAD, BOCA RATON FL 33432-3759

3. Date Incorporated or Qualified: 09/14/1981
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc.
2a. Mailing Address: 26 Suite, Apt. #, etc.

4. FEI Number: 59-2168956
Applied For: Not Applicable

22 City & State
27 City & State

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Zip
28 Zip

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Country
25 Country
29 Country
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELLETIER, ROBERT
200 W. PALMETTO PARK RD.
BOCA RATON FL 33432

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include TD KORNBLUE, EDWARD; PD PELLETIER, ROBERT; SD GULISANO, FRANK J.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 20 1997

561-368-2043

CR2E037 (9/96)