

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2005  
Secretary of State**

DOCUMENT# 758068

Entity Name: LCL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

200 W PALMETTO PARK ROAD  
200  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FITZGERALD PROPERTY MANAGEMENT  
412 SE 18TH ST  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 59-2168956      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PELLETIER, ROBERT  
200 W. PALMETTO PARK RD.  
BOCA RATON, FL 33432      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: VD      ( ) Delete  
Name: KORNBLUE, EDWARD,  
Address: 200 W PALMETTO PARK RD  
City-St-Zip: BOCA ROATON, FL

Title: PD      ( ) Delete  
Name: PELLETIER, ROBERT,  
Address: 200 W PALMETTO PARK RD  
City-St-Zip: BOCA ROATON, FL

Title: STD      ( ) Delete  
Name: SULLIVAN, FRANCES  
Address: 200 W PALMETTO PARK RD  
City-St-Zip: BOCA RATON, FL 33432

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

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 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 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: ROBERT PELLETIER

PD

04/22/2005

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

\_\_\_\_\_  
Date