

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002608

FILED  
Jan 26, 2005  
Secretary of State

Entity Name: L'HERMITAGE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

3100 N OCEAN BLVD  
FT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

3100 N OCEAN BLVD  
FT LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 65-0787263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEEDS, ALEXANDER  
3200 N OCEAN BLVD.  
FORT LAUDERDALE, FL 33308 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: PD ( ) Delete  
Name: LEEDS, A;EXANDER  
Address: 3200 N OCEAN BLVD  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VPD ( ) Delete  
Name: KONSTANCE, FRANCES  
Address: 3100 N OCEAN BLVD  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: TD ( ) Delete  
Name: POWELL, DONALD  
Address: 3100 N. OCEAN BLVD  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: S ( ) Delete  
Name: FEUER, ARTHUR  
Address: 3200 N OCEAN BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33308

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

Title: PD (X) Change ( ) Addition  
Name: LEEDS, A;EXANDER  
Address: 3200 N OCEAN BLVD #509  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: VPD (X) Change ( ) Addition  
Name: KONSTANCE, FRANCES  
Address: 3100 N OCEAN BLVD #2604  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: T (X) Change ( ) Addition  
Name: POWELL, DONALD  
Address: 3100 N. OCEAN BLVD #905  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: S (X) Change ( ) Addition  
Name: NAKAYA, MINDY  
Address: 3200 N OCEAN BLVD #1603  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: DR. ALEX LEEDS

PD

01/26/2005

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

\_\_\_\_\_  
Date