

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718749 (5)
1. Corporation Name
CONDOMINIUM ASSOCIATION OF LA MER ESTATES, INC.



Principal Place of Business
**1890 SOUTH OCEAN DRIVE
HALLANDALE FL 33009**

Mailing Address
**1890 SOUTH OCEAN DRIVE
HALLANDALE FL 33009**

3. Date Incorporated or Qualified
06/25/1970

3a. Date of Last Report
04/26/1995

4. FEI Number
59-1321610

Applied For
Not Applicable

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

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

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**BERNARD ABRAMS
1890 S OCEAN DR
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent
81 Name **ABE LENKOV**
82 Street Address (P.O. Box Number is Not Acceptable)
1890 S OCEAN DR.
83 **HALLANDALE**
84 City **FL** **85** Zip Code **33009**

11. Pursuant to the provisions of Sections 617.0500 and 617.1500, 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 617.0500, Florida Statutes.

SIGNATURE *Abe Lenkov* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABRAMS, BERNARD 1890 S OCEAN DR HALLANDALE FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD ABE LENKOV 1890 S OCEAN DR. HALLANDALE FL 33009 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUSKIN, DAVID 1890 S. OCEAN DRIVE HALLANDALE FL ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD ANTHONY BROWN 1890 S OCEAN DR. HALLANDALE FL 33009 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KLEBINS, ALEX 1890 S. OCEAN DRIVE HALLANDALE FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD WILLIAM COOPER 1890 S OCEAN DR. HALLANDALE FL 33009 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TAND, DOROTHY 1890 S. OCEAN DRIVE HALLANDALE FL ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TD MARY HALONKA 1890 S OCEAN DR HALLANDALE FL 33009 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FELDMAN, SIMON 1890 S OCEAN DR HALLANDALE FL ☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Abe Lenkov*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **Feb 28/96**
Daytime Phone: **458-4757**

CR2E037 (12/95)