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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State
02-21-1999 90002 043 ****61.25

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DEPARTMENT OF STATE

DOCUMENT # 718749

1. Corporation Name

CONDOMINIUM ASSOCIATION OF LA MER ESTATES, INC.

Principal Place of Business	Mailing Address
1890 SOUTH OCEAN DRIVE HALLANDALE FL 33009	1890 SOUTH OCEAN DRIVE HALLANDALE FL 33009

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/25/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1321610 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LENKOV, ABE
1890 S OCEAN DR
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SINGERMAN, DAVID		1.2 NAME	
STREET ADDRESS	1890 S OCEAN DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, MARTIN		2.2 NAME	
STREET ADDRESS	1890 S OCEAN DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		2. 4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GABLE, MICHAEL		3.2 NAME	
STREET ADDRESS	1890 S OCEAN DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		3.4. CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LENKOV, ABE		4. 2 NAME	
STREET ADDRESS	1890 S OCEAN DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ABE LENKOV, TD 1/7/99 954-458-4757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)