2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 718749

1. Entity 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

02252005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1321610
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAW OFFICES OF ERIC M. GLAZER, P.A.
1920 E. HALLANDALE BEACH BLVD., 8TH FL
HALLANDALE, FL 33009

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAPLAN, LAZARUS
STREET ADDRESS	1890 S OCEAN DR
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TD
NAME	LENKOV, ABE
STREET ADDRESS	1890 S OCEAN DR
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VPD
NAME	MILLER, MARTIN
STREET ADDRESS	1890 S OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	SD
NAME	BERGER, ANNABELLE
STREET ADDRESS	1890 S. OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/05-80025-002 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Abe Lenkov 03/08/05 (954) 458-4757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Abe Lenkov / Treasurer