

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90100 001 ****61.25

DOCUMENT # 702383

1. Entity Name
LE COTILLION, INC.



Principal Place of Business
2800 NE 14TH STREET
FT. LAUDERDALE, FL 33304

Mailing Address
2800 NE 14TH STREET
FT. LAUDERDALE, FL 33304

50011150



04032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1444262

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAPERNA, LINDA
2800 NE 14 ST
APT #11
FT. LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD
NAME LAPERNA, LINDA ☐ Delete
STREET ADDRESS 2800 NE 14 ST
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE D
NAME MAJESKI, DANIEL ☒ Delete
STREET ADDRESS 2800 N.E. 14 ST.
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE PD
NAME OCONNOR, NEIL ☐ Delete
STREET ADDRESS 2800 NE 14TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE D
NAME HALLMAN, ROBERT ☐ Delete
STREET ADDRESS 2800 NE 14TH ST
CITY-ST-ZIP FT. LAUDERDALE, FL 33300

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President
NAME Edward Bartley ☐ Change ☒ Addition
STREET ADDRESS 2800 NE 14 ST.
CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Thomas Mollery ☐ Change ☒ Addition
STREET ADDRESS 2800 NE 14 ST.
CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-06

954-439-2214