

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709663

**Entity Name:** LA BONNE VIE CONDOMINIUM APARTMENTS, INC.**Current Principal Place of Business:**3475 S.OCEAN BLVD.  
PALM BEACH, FL 33480**Current Mailing Address:**3475 S.OCEAN BLVD.  
PALM BEACH, FL 33480**FEI Number: 59-1150749****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIATED CORPORATE SERVICES LLC  
6111 BROKEN SOUND PARKWAY  
200  
BOCA RATON, FL 33487 US*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**Officer/Director Detail :**

Title	P
Name	MC ADAMS, EDWARD (NED)
Address	3475 SOUTH OCEAN BLVD. #309
City-State-Zip:	PALM BEACH FL 33480

Title	TREASURER
Name	SILPE, TRACY
Address	3475 SOUTH OCEAN BLVD. #708/PH1
City-State-Zip:	PALM BEACH FL 33480

Title	ASST. SECRETARY
Name	CASH, THOMAS
Address	3475 SOUTH OCEAN BLVD. #101
City-State-Zip:	PALM BEACH FL 33480

Title	VP
Name	POWELL, MARIANNE
Address	3475 SOUTH OCEAN BLVD. #306/7
City-State-Zip:	PALM BEACH FL 33480

Title	SECRETARY
Name	MOSCONE, ANTONIO
Address	5810 FRANCESCA LANE
City-State-Zip:	SHELBY TWP MI 48316

I hereby 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 all other like empowered.

**SIGNATURE: MARIANNE POWELL****VICE PRESIDENT****02/13/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date