

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718749

Entity Name: CONDOMINIUM ASSOCIATION OF LA MER ESTATES, INC.**Current Principal Place of Business:**1890 SOUTH OCEAN DRIVE
HALLANDALE, FL 33009**Current Mailing Address:**1890 SOUTH OCEAN DRIVE
HALLANDALE, FL 33009**FEI Number:** 59-1321610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GABLE, MICHAEL P
4000 HOLLYWOOD BLVD
SUITE 735 SOUTH TOWER
HOLLYWOOD, FL 33021-6755 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, DIRECTOR
Name HERNANDEZ, CARLOS
Address 1890 S OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009

Title TD
Name VARGAS, ALINA
Address 1890 S OCEAN DR
City-State-Zip: HALLANDALE FL 33009

Title VPD
Name SHAFFER, HARVEY
Address 1890 S OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009

Title SD
Name MILLER, CHARLES
Address 1890 S. OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009

Title D
Name CARRERA, RICARDO
Address 1890 S OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009

Title D
Name HAMMER, BERNARD DR.
Address 1890 S OCEAN DR
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name PUERTO, ANGEL
Address 1890 SOUTH OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name WISEMAN, MURRAY
Address 1890 SOUTH OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009

Continues on page 2

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: CARLOS HERNANDEZ

PRESIDENT

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAVIS, MELVYN
Address 1890 SOUTH OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name COHEN, VICKY
Address 1850 S. OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name BROWN, ELAINE
Address 1850 S. OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name MOORE, RICHARD
Address 1850 S. OCEAN DRIVE
City-State-Zip: HALLANDALE FL 33009