

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760211

Entity Name: L'HERMITAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3900 N. OCEAN BLVD.
GULFSTREAM, FL 33483**Current Mailing Address:**3900 N. OCEAN BLVD.
GULFSTREAM, FL 33483 US**FEI Number:** 59-2418710**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALKIN, ELLEN
3900 N. OCEAN BLVD.
GULFSTREAM, FL 33483 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:** ELLEN SALKIN

03/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	LUSSKY, FAIRLEIGH
Address	3900 N. OCEAN BLVD 4B
City-State-Zip:	GULFSTREAM FL 33483

Title	SECRETARY
Name	BIANCHINI, MICHAEL
Address	3900 N OCEAN BLVD., 5B
City-State-Zip:	GULFSTREAM FL 33483

Title	MANAGER
Name	SALKIN, ELLEN
Address	3900 N. OCEAN BLVD.
City-State-Zip:	GULFSTREAM FL 33483

Title	VP
Name	WILKINS, LYNN
Address	3900 N. OCEAN BLVD. 6A
City-State-Zip:	GULFSTREAM FL 33483

Title	DIRECTOR
Name	DIXSON, ROBERT
Address	3900 N. OCEAN BLVD. 2A
City-State-Zip:	GULFSTREAM FL 33483

Title	PRESIDENT
Name	YAVINSKY, MERRILL
Address	3900 N OCEAN BLVD 8B
City-State-Zip:	GULFSTREAM FL 33483

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: ELLEN SALKIN

MANAGER

03/13/2019

Electronic Signature of Signing Officer/Director Detail

Date