

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770829

**FILED  
Mar 23, 2016  
Secretary of State  
CC3655186108**

**Entity Name:** LAFONT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O JAMES DONEGAN  
501 SOUTH OCEAN BOULEVARD,  
BOCA RATON, FL 33432

**Current Mailing Address:**

C/O RONALD LAROCHE  
13674 CAMBRIA BAY LANE  
DELRAY BEACH, FL 33446

**FEI Number:** 65-0099380

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAROCHE, RONALD  
13674 CAMBRIA BAY LANE  
DELRAY BEACH, FL 33446 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 PD  
Name DONEGAN, JAMES  
Address 501 SOUTH OCEAN BLVD # 203  
City-State-Zip: BOCA RATON FL 33432

Title SD  
Name MOYER, GARY  
Address 501 SOUTH OCEAN BLVD # 103  
City-State-Zip: BOCA RATON FL 33432

Title T  
Name LAROCHE, RONALD  
Address 13674 CAMBRIA BAY LANE  
City-State-Zip: DELRAY BEACH FL 33446

Title D  
Name BEOUGHER, RITCHIE D DR.  
Address 501 SOUTH OCEAN BLVD #202  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name ONUR, ALI  
Address 501 SOUTH OCEAN BLVD #201  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name SCHULMAN, STEPHEN MD  
Address 501 SOUTH OCEAN BLVD #102  
City-State-Zip: BOCA RATON FL 33432

*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: RONALD L LAROCHE**

**TREASURER**

**03/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date