FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718749 (5)

1. Corporation Name
CONDOMINIUM ASSOCIATION OF LA MER ESTATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1890 SOUTH OCEAN DRIVE HALLANDALE FL 33009	1890 SOUTH OCEAN DRIVE HALLANDALE FL 33009

3. Date Incorporated or Qualified: 06/25/1970
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-1321610 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLEBINS, ALEX 1890 S OCEAN DR HALLANDALE FL 33009	81 Name: BERNARD ABRAMS 82 Street Address (P.O. Box Number is Not Acceptable): 1890 S. OCEAN DRIVE 83 HALLANDALE, FL 33009 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Bernard N Abrams 2/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRES.	☑ Change ☐ Addition
NAME	BERN, DAVID	1.2 NAME	PD ABRAMS, BERNARD	
STREET ADDRESS	1890 S. OCEAN DR	1.3 STREET ADDRESS	1890 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	HALL. FL 33009	
TITLE	VD	2.1 TITLE	VD VICE PRESIDENT	☑ Change ☐ Addition
NAME	ABRAMS, BERNARD	2.2 NAME	DAVID RUSKIN	
STREET ADDRESS	1890 S. OCEAN DRIVE	2.3 STREET ADDRESS	1890 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	C	3.1 TITLE	TREAS.	☑ Change ☐ Addition
NAME	KLEBINS, ALEX	3.2 NAME	TD KLEBINS, ALEX	
STREET ADDRESS	1890 S. OCEAN DRIVE	3.3 STREET ADDRESS	1890 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	SD	4.1 TITLE	SEC.	☑ Change ☐ Addition
NAME	NOVAK, GUSSIE	4.2 NAME	SD DOROTHY TAND	
STREET ADDRESS	1890 S. OCEAN DRIVE	4.3 STREET ADDRESS	1890 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	4.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	~~FELDMAN, SIMON~~	5.2 NAME		
STREET ADDRESS	~~1890 S OCEAN DR~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~HALLANDALE FL~~	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernard N. Abrams 2/24/95 - 458-4757
SIGNATURE AND TYPED OR PRINTED NAME OF MANNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
BERNARD A BRAMS

0097429