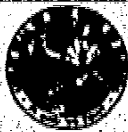


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
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.

Principal Place of Business

Mailing Address

1890 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

1890 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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

Signature, typed or printed name of registered agent, not applicable.

NOTE: Registered Agent signature required when reinstating.

2/24/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	BERN, DAVID
STREET ADDRESS	1890 S. OCEAN DR
CITY-ST-ZIP	HALLANDALE FL
TITLE	VO
NAME	ABRAMS, BERNARD
STREET ADDRESS	1890 S. OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	C
NAME	KLEBINS, ALEX
STREET ADDRESS	1890 S. OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	SD
NAME	NOVAK, GUSSIE
STREET ADDRESS	1890 S. OCEAN DRIVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	TD
NAME	FELDMAN, SIMON
STREET ADDRESS	1890 S OCEAN DR
CITY-ST-ZIP	HALLANDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PRES.	☒ Change ☐ Addition
1.2 NAME	ABRAMS, BERNARD	
1.3 STREET ADDRESS	1890 S. OCEAN DRIVE	
1.4 CITY-ST-ZIP	HALL. FL 33009	
2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
2.2 NAME	DAVID RUSKIN	
2.3 STREET ADDRESS	1890 S. OCEAN DRIVE	
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
3.1 TITLE	TREAS.	☒ Change ☐ Addition
3.2 NAME	KLEBINS, ALEX	
3.3 STREET ADDRESS	1890 S. OCEAN DR.	
3.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
4.1 TITLE	SEC.	☒ Change ☐ Addition
4.2 NAME	DOROTHY TAND	
4.3 STREET ADDRESS	1890 S. OCEAN DRIVE	
4.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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 017, 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
BERNARD ABRAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/95 - 458-4757

(Type in Figure #)