

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 718749 (5)
1. Corporation Name
CONDOMINIUM ASSOCIATION OF LA MER ESTATES, INC.



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

3. Date Incorporated or Qualified: 06/25/1970
3a. Date of Last Report: 04/26/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: BERNARD ABRAMS, 1890 S OCEAN DR, HALLANDALE FL 33009
10. Name and Address of New Registered Agent: 81 Name: ABE LENKOV, 82 Street Address: 1890 S OCEAN DR., 83 HALLANDALE, 84 City: HALLANDALE, 85 Zip Code: FL 33009

11. Pursuant to the provisions of Sections 617.0500 and 617.1500, 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 617.0500, Florida Statutes.

SIGNATURE: *Abel Lenkov* (NOTE: Registered Agent signature required when reappointing) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	ABRAMS, BERNARD	1.1 TITLE: PD	ABE LENKOV
NAME: ABRAMS, BERNARD	1890 S OCEAN DR	1.2 NAME: ABE LENKOV	1890 S OCEAN DR.
STREET ADDRESS: 1890 S OCEAN DR	HALLANDALE FL	1.3 STREET ADDRESS: 1890 S OCEAN DR.	HALLANDALE FL 33009
CITY-ST-ZIP: HALLANDALE FL		1.4 CITY-ST-ZIP: HALLANDALE FL 33009	
TITLE: VD	RUSKIN, DAVID	2.1 TITLE: VD	ANTHONY BROWN
NAME: RUSKIN, DAVID	1890 S. OCEAN DRIVE	2.2 NAME: ANTHONY BROWN	1890 S OCEAN DR.
STREET ADDRESS: 1890 S. OCEAN DRIVE	HALLANDALE FL	2.3 STREET ADDRESS: HALLANDALE FL	33009
CITY-ST-ZIP: HALLANDALE FL		2.4 CITY-ST-ZIP: HALLANDALE FL 33009	
TITLE: TD	KLEBINS, ALEX	3.1 TITLE: SD	WILLIAM COOPER
NAME: KLEBINS, ALEX	1890 S. OCEAN DRIVE	3.2 NAME: WILLIAM COOPER	1890 S OCEAN DR.
STREET ADDRESS: 1890 S. OCEAN DRIVE	HALLANDALE FL	3.3 STREET ADDRESS: HALLANDALE FL	33009
CITY-ST-ZIP: HALLANDALE FL		3.4 CITY-ST-ZIP: HALLANDALE FL 33009	
TITLE: SD	TAND, DOROTHY	4.1 TITLE: TD	MARY HALONKA
NAME: TAND, DOROTHY	1890 S. OCEAN DRIVE	4.2 NAME: MARY HALONKA	1890 S OCEAN DR
STREET ADDRESS: 1890 S. OCEAN DRIVE	HALLANDALE FL	4.3 STREET ADDRESS: HALLANDALE FL	33009
CITY-ST-ZIP: HALLANDALE FL		4.4 CITY-ST-ZIP: HALLANDALE FL 33009	
TITLE: TD	FELDMAN, SIMON	5.1 TITLE:	
NAME: FELDMAN, SIMON	1890 S OCEAN DR	5.2 NAME:	
STREET ADDRESS: 1890 S OCEAN DR	HALLANDALE FL	5.3 STREET ADDRESS:	
CITY-ST-ZIP: HALLANDALE FL		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
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 its 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: *Abel Lenkov* Date: Feb 28/96 Daytime Phone: 458-4757

CR2E037 (12/95)