

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morgham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 06/25/1970	
4. FEI Number 59-1321610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LENKOV, ABE 1890 S OCEAN DR HALLANDALE FL 33009

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *ABE LENKOV* *[Signature]* **3/4/98**
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 LENKOV, ABE 1890 S OCEAN DR HALLANDALE FL	1.1 TITLE	PRESIDENT/D
NAME		1.2 NAME	DAVID SINGERMAN -D
STREET ADDRESS		1.3 STREET ADDRESS	1890 S. OCEAN DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	SD BROWN, ANTHONY 1890 S. OCEAN DRIVE HALLANDALE FL	2.1 TITLE	VICE PRESIDENT/D
NAME		2.2 NAME	MARTIN MILLER
STREET ADDRESS		2.3 STREET ADDRESS	1890 S. OCEAN DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	SD COOPER, WILLIAM 1890 S. OCEAN DRIVE HALLANDALE FL	3.1 TITLE	SECRETARY/D
NAME		3.2 NAME	MICHAEL GABLE
STREET ADDRESS		3.3 STREET ADDRESS	1890 S. OCEAN DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	TD HALONKA, MARY 1890 S. OCEAN DRIVE HALLANDALE FL	4.1 TITLE	TREASURER/D
NAME		4.2 NAME	ABE LENKOV
STREET ADDRESS		4.3 STREET ADDRESS	1890 S. OCEAN DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

1.1 TITLE	PRESIDENT/D	Change	Addition
1.2 NAME	DAVID SINGERMAN -D		
1.3 STREET ADDRESS	1890 S. OCEAN DR.		
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009		
2.1 TITLE	VICE PRESIDENT/D	Change	Addition
2.2 NAME	MARTIN MILLER		
2.3 STREET ADDRESS	1890 S. OCEAN DR.		
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009		
3.1 TITLE	SECRETARY/D	Change	Addition
3.2 NAME	MICHAEL GABLE		
3.3 STREET ADDRESS	1890 S. OCEAN DR.		
3.4 CITY-ST-ZIP	HALLANDALE, FL 33009		
4.1 TITLE	TREASURER/D	Change	Addition
4.2 NAME	ABE LENKOV		
4.3 STREET ADDRESS	1890 S. OCEAN DR.		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **3/4/98** **758-4757**

CR2E037 (10/97)