

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham 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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3. Date Incorporated or Qualified 06/25/1970	
4. FEI Number 59-1321610	Applied For 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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

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* (NOTE: Registered Agent Signature required when reinstating) DATE: **3/4/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LENKOV, ABE	
STREET ADDRESS	1890 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ANTHONY	
STREET ADDRESS	1890 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, WILLIAM	
STREET ADDRESS	1890 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HALONKA, MARY	
STREET ADDRESS	1890 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID SINGERMAN - D	
1.3 STREET ADDRESS	1890 S. OCEAN DR.	
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VICE PRESIDENT / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTIN MILLER	
2.3 STREET ADDRESS	1890 S. OCEAN DR.	
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SECRETARY / - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICHAEL GABLE	
3.3 STREET ADDRESS	1890 S. OCEAN DR.	
3.4 CITY-ST-ZIP	HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	TREASURER / - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Martin Miller* DATE: **3/4/98** (94) 458-4757

CR2E037 (10/97)