


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 718749

1. Entity 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**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1321610 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICES OF ERIC M. GLAZER, P.A.
 1920 E. HALLANDALE BEACH BLVD., 8TH FL
 HALLANDALE, FL 33009**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election: Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPLAN, LAZARUS 1890 S OCEAN DR HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LENKOV, ABE 1890 S OCEAN DR HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, MARTIN 1890 S OCEAN DRIVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERGER, ANNABELLE 1890 S. OCEAN DRIVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/19/04-80028-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE  DATE **3/17/04** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR