

**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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

U000000032915
03/19/04-80028-003 61.25

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #