

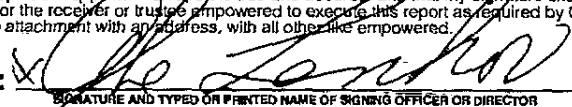


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 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			
		02252005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-1321610	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UN00000257987 03/10/05-80025-002 61.25	
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			
12. 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 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: 		03/08/05 (954) 458-4757	
Abe Lenkov / Treasurer			