


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 Mailing Address

1890 SOUTH OCEAN DRIVE 1890 SOUTH OCEAN DRIVE
 HALLANDALE, FL 33009 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE



02252005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-1321610 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

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	

UN00000257987
 03/10/05-80025-002 61.25

DO NOT WRITE 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)(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: *Abe Lenkov* 03/08/05 (954) 458-4757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Abe Lenkov / Treasurer