

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
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**



02082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-1321610	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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**

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6. 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 _____

**Filing Fee Is \$61.25
 Due by May 1, 2007**

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	VPD EGOZI, INTO 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	D BRUNO, LAWRENCE 1890 S OCEAN DRIVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDF BERGER, ANNABELLE 1890 S. OCEAN DRIVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, RICHARD 1890 S OCEAN DR HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEITZ, JAY 1890 S OCEAN DR HALLANDALE, FL 33009

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 03/20/07-80039-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Annabelle Berger*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07 954 458-4757
 Date Daytime Phone #