

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)

DO NOT WRITE IN THIS SPACE

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, 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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
3/5/07 458-4757