2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718749

FILED Feb 27, 2009 Secretary of State

Entity Name: CONDOMINIUM ASSOCIATION OF LA MER ESTATES, INC.

Current Principal Place of Business: New Principal Place of Business: 1890 SOUTH OCEAN DRIVE HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** 1890 SOUTH OCEAN DRIVE HALLANDALE, FL 33009 FEI Number: 59-1321610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GABLE, MICHAEL P 4000 HOLLYWOOD BLVD SUITE 735 SOUTH TOWER HOLLYWOOD, FL 330216755 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FRANKEL, MARSHALL Name: Name: 1890 S OCEAN DRIVE Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: TD Title: () Delete () Change () Addition LENKOV, ABE Name: Name: Address: 1890 S OCEAN DR Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition BRUNO, LAWRENCE MOORE, RICHARD Name: Name: 1890 S OCEAN DRIVE Address: 1890 S OCEAN DRIVE Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009 Title: SD () Delete Title: () Change () Addition Name: BROWN, ELAINE Name: Address: 1890 S. OCEAN DRIVE Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: () Delete Title: (X) Change () Addition STREAMEL, RICHARD STED, NORMAN Name: Name: 1890 S OCEAN DRIVE 1890 S OCEAN DRIVE Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009 Title: () Delete Title: (X) Change () Addition DFITZ JAY SHERMAN, BENTLEY Name: Name: Address: 1890 S OCEAN DR Address: 1890 S OCEAN DR HALLANDALE, FL 33009 HALLANDALE, FL 33009 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL FRANKEL PD 02/27/2009