

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 23, 2009
Secretary of State

DOCUMENT# 734654

Entity Name: LA SALLE PARK CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1133 S. UNIVERSITY DR
STE 211
PLANTATION, FL 33324**New Principal Place of Business:****Current Mailing Address:**C/O ALLIANCE PROPERTY
PO BOX 19439
PLANTATION, FL 33318**New Mailing Address:****FEI Number:** 59-1876729**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND RD, SUITE 540
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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:

Title: DP () Delete
Name: ORR, VILMA V
Address: 9682 NW 45 STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: SMITH, KENNETH H
Address: 4435 NW 65 ST
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: MONDELL, JOSEPH
Address: 7891 W. SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: CERNA, CARLOS
Address: 12112 NW 53 ST
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: GARNER, CRISTINA A
Address: 8410 NW 47 PLACE #3F
City-St-Zip: LAUDERHILL, FL 33351

Title: T () Delete
Name: TADROS, MICHAEL
Address: 12838 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CRAWFORD, JACQUELINE P
Address: 1700 NW 58 TERRACE #3C
City-St-Zip: SUNRISE, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KOOTUNGAL, VIJU
Address: 18520 NW 67 AVE #104
City-St-Zip: MIAMI, FL 33015

Title: () Change () Addition
Name:
Address:
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: VILMA V. ORR

DP

06/23/2009

Electronic Signature of Signing Officer or Director

Date