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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745936** (5)

1. Corporation Name

**L'HERMITAGE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2000 S.BAYSHORE DR.  
MIAMI FL 33133**

**2000 S.BAYSHORE DR.  
MIAMI FL 33133**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/13/1979**

4. FEI Number

**59-2089772**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**ADLER, IRWIN  
2801 SOUTH BAYSHORE DRIVE  
SUITE 1475  
MIAMI FL 33133**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ADLER, IRWIN</b>	
STREET ADDRESS	<b>2000 SO BAYSHORE DR #32</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROTHSTEIN, JEFFERY</b>	
STREET ADDRESS	<b>2000 SO BAYSHORE DR #41</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, JOANNE</b>	
STREET ADDRESS	<b>2000 SO BAYSHORE DR # 7</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SWEENEY, ALLEN</b>	
STREET ADDRESS	<b>2000 S. BAYSHORE DR. #50</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSE, ALVIN</b>	
STREET ADDRESS	<b>2000 SO BAYSHORE DR #34</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZELLNER, JASON</b>	
STREET ADDRESS	<b>2000 SO BAYSHORE DR #32</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jeffrey Rothstein</b>	
1.3 STREET ADDRESS	<b>2000 South Bayshore Drive #41</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL 33133</b>	
2.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>William Blondi</b>	
2.3 STREET ADDRESS	<b>2000 South Bayshore Drive #2</b>	
2.4 CITY-ST-ZIP	<b>Miami, FL 33133</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*[Signature]* 4/10/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)