

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90172 039 \*\*\*\*61.25

**DOCUMENT # 747356**

1. Entity Name

LA MAISON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

7775 BOCILLA LANE/POB 475  
BOKEELIA FL 33922

Mailing Address

7775 BOCILLA LANE/POB 475  
BOKEELIA FL 33922

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0027619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALBRECHT, ROBERT J.  
BOX 475, BOCILLA AVE  
BOKEELIA FL 33922

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALBRECHT, ROBERT J.	
STREET ADDRESS	7775 BOCILLA LANE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALBRECHT, HELEN	
STREET ADDRESS	7775 BOCILLA LANE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALBRECHT, HELEN	
STREET ADDRESS	7775 BOCILLA LANE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONGE, JOSEPHINE	
STREET ADDRESS	7775 BOCILLA LANE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRECHT, ROBERT J.	
STREET ADDRESS	7775 BOCILLA LANE	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRECHT, ROBERT J.	
STREET ADDRESS	7775 BOCILLA LANE	
CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** *Robert J. Albrecht* **ROBERT J. ALBRECHT** 3-3-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #