

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747356

FILED
Feb 21, 2009
Secretary of State

Entity Name: LA MAISON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7775 BOCILLA LANE/POB 475
BOKEELIA, FL 33922

New Principal Place of Business:

7773 BOCILLA LANE
BOKEELIA, FL 33922

Current Mailing Address:

7775 BOCILLA LANE/POB 475
BOKEELIA, FL 33922

New Mailing Address:

7773 BOCILLA LANE/POX 474
BOKEELIA, FL 33922

FEI Number: 65-0027619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MONGE, JOSEPHINE
7773 BOCILLA AVE
BOKEELIA, FL 33922 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: JOSEPHINE MONGE

02/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALBRECHT, ROBERT J.,
Address: 7775 BOCILLA LANE
City-St-Zip: BOKEELIA, FL 33922

Title: VD () Delete
Name: ALBRECHT, ROBERT J
Address: 7775 BOCILLA LANE
City-St-Zip: BOKEELIA, FL 33922

Title: SD () Delete
Name: ALBRECHT, ROBERT J
Address: 7775 BOCILLA LANE
City-St-Zip: BOKEELIA, FL 33922

Title: TD () Delete
Name: MONGE, JOSEPHINE,
Address: 7775 BOCILLA LANE
City-St-Zip: BOKEELIA, FL 33922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONGE, JOSEPHINE,
Address: 7773 BOCILLA LANE
City-St-Zip: BOKEELIA, FL 33922

Title: VD (X) Change () Addition
Name: MONGE, JOSEPHINE
Address: 7773 BOCILLA LANE
City-St-Zip: BOKEELIA, FL 33922

Title: SD (X) Change () Addition
Name: MONGE, JOSEPHINE
Address: 7773 BOCILLA LANE
City-St-Zip: BOKEELIA, FL 33922

Title: TD (X) Change () Addition
Name: MONGE, EMIL B.,
Address: 7773 BOCILLA LANE
City-St-Zip: BOKEELIA, FL 33922

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: EMIL B. MONGE

TD

02/21/2009

Electronic Signature of Signing Officer or Director

Date