

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747356

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** LA MAISON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7773 BOCILLA LANE  
BOKEELIA, FL 33922

**New Principal Place of Business:**

**Current Mailing Address:**

7773 BOCILLA LANE/POX 474  
BOKEELIA, FL 33922

**New Mailing Address:**

**FEI Number:** 65-0027619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONGE, JOSEPHINE  
7773 BOCILLA AVE  
BOKEELIA, FL 33922 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: PD  
Name: MONGE, JOSEPHINE  
Address: 7773 BOCILLA LANE  
City-St-Zip: BOKEELIA, FL 33922

Title: VD  
Name: MONGE, JOSEPHINE  
Address: 7773 BOCILLA LANE  
City-St-Zip: BOKEELIA, FL 33922

Title: SD  
Name: MONGE, JOSEPHINE  
Address: 7773 BOCILLA LANE  
City-St-Zip: BOKEELIA, FL 33922

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

I hereby 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 all other like empowered.

SIGNATURE: EMIL B. MONGE

TD

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date