2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 757949

Entity Name: LA PENSEE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4000 S OCEAN BLVD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

4000 S OCEAN BLVD
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-2693162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKER, EDWARD
1818 AUSTRALIAN AVE, S
SUITE 400
W PALM BEACH, FL 33409 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: D (X) Delete
Name: CLEMONTE, FREDERICK
Address: 1065 CARNOUSTRIE LANE
City-St-Zip: ALPHARETTA, GA 30005 US

Title: PD ( ) Delete
Name: LAWSON, JOHM
Address: 4000 SO. OCEAN BLVD. APT. #601
City-St-Zip: PALM BEACH, FL 33480

Title: SD ( ) Delete
Name: HALVATZIS, LOU
Address: 4000 S OCEAN BLVD #401
City-St-Zip: PALM BEACH, FL 33480

Title: VPD ( ) Delete
Name: SAUNDERS, GRESS
Address: P.O. BOX 558
City-St-Zip: SACAPONACK, NY 11962 US

Title: TD (X) Delete
Name: MACRAE, KENNETH
Address: 4000 S OCEAN BLVD #302
City-St-Zip: PALM BEACH, FL 33480 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: HALVATZIS, LOU
Address: 4000 S OCEAN BLVD #401
City-St-Zip: PALM BEACH, FL 33480

Title: SD (X) Change ( ) Addition
Name: SAUNDERS, GREGG
Address: P.O. BOX 558
City-St-Zip: SACAPONACK, NY 11962 US

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: JOHN C. JAHN MGR 04/16/2009

Electronic Signature of Signing Officer or Director — Date