

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770829

FILED
Apr 27, 2009
Secretary of State

Entity Name: LAFONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RON LAROCHE
501 SOUTH OCEAN BOULEVARD, # 202
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

501 S OCEAN BLVD, #202
PALM BEACH, FL 33432

New Mailing Address:

C/O RON LAROCHE
501 SOUTH OCEAN BOULEVARD, # 202
BOCA RATON, FL 33432

FEI Number: 65-0099380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAROCHE, RON
501 SO OCEAN BLVD
STE 202
BOCA RATON, FL 33432 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 () Delete
Name: LAROCHE, RON
Address: 501 SOUTH OCEAN BLVD # 202
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: SCHULMAN, STEPHEN MD
Address: 501 SOUTH OCEAN BLVD # 102
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: ONUR, ALI
Address: 501 SOUTH OCEAN BLVD # 203
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RON LAROCHE

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date