

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

DOCUMENT# 770829

**FILED**  
**Feb 02, 2010**  
**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:**

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

**New Mailing Address:**

**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  
Name: LAROCHE, RON  
Address: 501 SOUTH OCEAN BLVD # 202  
City-St-Zip: BOCA RATON, FL 33432

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

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

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: RON LAROCHE

P

02/02/2010

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

\_\_\_\_\_  
Date