

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770829

FILED
Jan 21, 2012
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:

C/O JAMES DONEGAN
501 SOUTH OCEAN BOULEVARD, # 203
BOCA RATON, FL 33432

Current Mailing Address:

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

New Mailing Address:

C/O LYNDA WILLIAMS
6901 NW 3RD AVENUE
BOCA RATON, FL 33487

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:

WILLIAMS, LYNDA
6901 NW 3RD AVENUE
BOCA RATON, FL 33487 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: LYNDA WILLIAMS

01/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DONEGAN, JAMES
Address: 501 SOUTH OCEAN BLVD # 203
City-St-Zip: BOCA RATON, FL 33432

Title: SD
Name: ONUR, ALI
Address: 501 SOUTH OCEAN BLVD # 101
City-St-Zip: BOCA RATON, FL 33432

Title: T
Name: WILLIAMS, LYNDA
Address: 6901 NW 3RD AVENUE
City-St-Zip: BOCA RATON, FL 33487

Title: D
Name: KRUSE, JOHN
Address: 501 SOUTH OCEAN BLVD #202
City-St-Zip: BOCA RATON, FL 33432

Title: D
Name: MOYER, GARY
Address: 501 SOUTH OCEAN BLVD #103
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

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: LYNDA WILLIAMS

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01/21/2012

Electronic Signature of Signing Officer or Director

Date