

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
May 10, 2012  
Secretary of State**

DOCUMENT# 770829

**Entity Name:** LAFONT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O JAMES DONEGAN  
501 SOUTH OCEAN BOULEVARD, # 203  
BOCA RATON, FL 33432**New Principal Place of Business:****Current Mailing Address:**C/O LYNDA WILLIAMS  
6901 NW 3RD AVENUE  
BOCA RATON, FL 33487**New Mailing Address:**C/O RONALD LAROCHE  
13674 CAMBRIA BAY LANE  
DELRAY BEACH, FL 33446

FEI Number: 65-0099380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**WILLIAMS, LYNDA  
6901 NW 3RD AVENUE  
BOCA RATON, FL 33487 US**Name and Address of New Registered Agent:**LAROCHE, RONALD  
13674 CAMBRIA BAY LANE  
DELRAY BEACH, FL 33446 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: RONALD LAROCHE

05/10/2012

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 33432Title: SD  
Name: MOYER, GARY  
Address: 501 SOUTH OCEAN BLVD # 103  
City-St-Zip: BOCA RATON, FL 33432Title: T  
Name: LAROCHE, RONALD  
Address: 13674 CAMBRIA BAY LANE  
City-St-Zip: DELRAY BEACH, FL 33446Title: D  
Name: KRUSE, JOHN  
Address: 501 SOUTH OCEAN BLVD #202  
City-St-Zip: BOCA RATON, FL 33432Title: D  
Name: ONUR, ALI  
Address: 501 SOUTH OCEAN BLVD #201  
City-St-Zip: BOCA RATON, FL 33432Title: 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: ROANLD LAROCHE

T

05/10/2012

Electronic Signature of Signing Officer or Director

Date