


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000005036
 1. Entity Name
LA ROTUNDA OFFICE CONDOMINIUM, INC.



Principal Place of Business Mailing Address
614 ATLANTIC SHORES BLVD. **614 ATLANTIC SHORES BLVD.**
HALLANDALE, FL 33009 **HALLANDALE, FL 33009**

DO NOT WRITE IN THIS SPACE



0112008 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DEROSA, MARY
614 ATLANTIC SHORES BLVD.
HALLANDALE, FL 33009

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000436283
 02/27/06-80031-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT TEMKIN, RONALD 616 ATLANTIC SHORES BLVD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SILVESTER, MIKE 618 ATLANTIC SHORES BLVD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHTER, ALAN 618 ATLANTIC SHORES BLVD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEROSA, MARY 614 ATLANTIC SHORES BLVD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Derosa 2/1/06 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #