## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000005916

FILED May 11, 2005 Secretary of State

Entity Name: LA MAISON BLANCHE TOWNHOME HOMEOWNER'S ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

429 HENDRICKS ISLE C/O MARKUS LEHMANN FT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

429 HENDRICKS ISLE
FT LAUDERDALE, FL 33301

429 HENDRICKS ISLE
C/O MARKUS LEHMANN
FT LAUDERDALE, FL 33301

FEI Number: 32-0054005 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARKUS, LEHMANN TR 1314 E LAS OLAS BLVD #228 FT LAUDERDALE, FL 33301 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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: CARL, KOENIG Name: LAMBRECHTS-TALIB, BETTINA Address: 427 HENDRICKS ISLE Address: 450 VICTORIA TERRACE City-St-Zip: FT LAUDERDALE, FL 33301

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition Name: TALIB, BETTINA Name: ROSENQVIST, THOMAS

Name: TALIB, BETTINA Name: ROSENQVIST, THOMAS
Address: 450 VICTORIA TERR Address: 427 HENDRICKS ISLE
City-St-Zip: FT LAUDERDALE, FL 33301 City-St-Zip: FT LAUDERDALE, FL 33301

Title: DT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARKUS, LEHMANN
 Name:

 Address:
 429 HENDRICKS ISLE
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL 33301
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARKUS LEHMANN TR 05/11/2005