

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005916

FILED  
Mar 02, 2006  
Secretary of State

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Principal Place of Business:**

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

**New Mailing Address:**

1314 E LAS OLAS BLVD  
C/O MARKUS LEHMANN (TREASURER)  
FT LAUDERDALE, FL 33301

FEI Number: 32-0054005

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARKUS, LEHMANN TR  
1314 E LAS OLAS BLVD #228  
FT LAUDERDALE, FL 33301 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: DP ( ) Delete  
Name: LAMBRECHTS-TALIB, BETTINA  
Address: 450 VICTORIA TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: DV ( ) Delete  
Name: ROSENQVIST, THOMAS  
Address: 427 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: DT ( ) Delete  
Name: MARKUS, LEHMANN  
Address: 429 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D PR (X) Change ( ) Addition  
Name: LAMBRECHTS-TALIB, BETTINA  
Address: 431 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D VP (X) Change ( ) Addition  
Name: ROSENQVIST, THOMAS  
Address: 427 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D TR (X) Change ( ) Addition  
Name: MARKUS, LEHMANN  
Address: 429 HENDRICKS ISLE  
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

03/02/2006

Electronic Signature of Signing Officer or Director

Date