


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N02000006102</b> 1. Entity Name LE CLUB INTERNATIONAL CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2845 NE 9TH STREET FORT LAUDERDALE, FL 33304	Mailing Address 2845 NE 9TH STREET FORT LAUDERDALE, FL 33304
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 48-1271121	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KESSLER, KEVIN 2845 NE 9TH STREET UNIT #804 FORT LAUDERDALE, FL 33304
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IN THIS SPACE**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KESSLER, KEVIN 2845 NE 9TH STREET UNIT #804 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICKARD, RON 2845 NE 9TH STREET UNIT #506 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIEBOWITZ, STEVE 2845 NE 9TH STREET UNIT #602 FORT LAUDERDALE, FL 33304
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04/19/07-80004-014 61.25

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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:**  **KEVIN KESSLER** **PRESIDENT** **4/3/07** **9545610870**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #