

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

**FILED  
Mar 10, 2007  
Secretary of State**

DOCUMENT# N02000007222

Entity Name: LAMAR ON PONCE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4817 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4817 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

LAMAR, CLAUDE P  
4817 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146    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: PD                      ( ) Delete  
Name: LAMAR, CLAUDE P  
Address: 4817 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33146

Title: STD                      ( ) Delete  
Name: LAMAR, CELITA  
Address: 4821 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33146

Title: D                      ( ) Delete  
Name: LAMAR, CARLOS  
Address: 8005 SW 105 AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

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

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLAUDE P LAMAR

PD

03/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date