

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2009
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 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

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date