2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007222

FILED Feb 23, 2011 Secretary of State

Entity Name: LAMAR ON PONCE CONDOMINIUM ASSOCIATION, INC.

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

4817 PONCE DE LEON BOULEVARD 4821 PONCE DE LEON BOULEVARD

CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

4817 PONCE DE LEON BOULEVARD 4821 PONCE DE LEON BOULEVARD

CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

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

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

LAMAR, CLAUDE P LAMAR, CELITA
4817 PONCE DE LEON BOULEVARD 4821 PONCE DE LEON BOULEVARD

4817 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146 US

4821 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146 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: CELITA LAMAR 02/23/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD

Name: LAMAR, CELITA

Address: 4821 PONCE DE LEON BOULEVARD

City-St-Zip: CORAL GABLES, FL 33146

Title: SD

Name: LAMAR, CLAUDE P

Address: 4817 PONCE DE LEON BOULEVARD

City-St-Zip: CORAL GABLES, FL 33146

Title: D

 Name:
 LAMAR, CARLOS

 Address:
 8005 SW 105 AVENUE

 City-St-Zip:
 GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: CELITA LAMAR PTD 02/23/2011