

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90171 025 \*\*\*\*61.25

<b>DOCUMENT # N05000004235</b>					
<b>1. Entity Name</b> LA VOGUE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4400 WEST SAMPLE ROAD SUITE 200 COCONUT CREEK, FL 33073-3450			<b>Mailing Address</b> 4400 WEST SAMPLE ROAD SUITE 200 COCONUT CREEK, FL 33073-3450		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03232006 Chg-NP CR2E037 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MINTO COMMUNITIES, INC. % ANNE GREENBERG 4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK, FL 33073-3450			Name <b>Harry L. Posin</b> Street Address (P.O. Box Number is Not Acceptable) 4400 W. Sample Rd., Suite 200 City <b>Coconut Creek</b> <b>FL</b> Zip Code <b>33073</b>		
<b>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.</b>					
SIGNATURE		<b>Harry L. Posin</b>		<b>4/06/06</b> <small>DATE</small>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD BEER, T.R. 4400 WEST SAMPLE ROAD SUITE 200 COCONUT CREEK, FL 330733450	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD CLEMENT, GARY 4400 WEST SAMPLE ROAD SUITE 200 COCONUT CREEK, FL 330733450	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	STD RODGERS, FRANK 4400 WEST SAMPLE ROAD SUITE 200 COCONUT CREEK, FL 330733450	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD Guadagno, Cory 4400 W. Sample Rd., Suite 200 Coconut Creek, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	STD Steelman, Michelle 4400 W. Sample Rd., Suite 200 Coconut Creek, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD Guadagno, Cory 4400 W. Sample Rd., Suite 200 Coconut Creek, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	STD Steelman, Michelle 4400 W. Sample Rd., Suite 200 Coconut Creek, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD Guadagno, Cory 4400 W. Sample Rd., Suite 200 Coconut Creek, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>		<b>T.R. Beer</b>		<b>47-06</b> <b>954 9734490</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					