2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006
Secretary of State

DOCUMENT# N05000012519

Entity Name: LA VIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9635 NW 1ST CT.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9635 NW 1ST CT.
PEMBROKE PINES, FL 33024

New Mailing Address:

250 S. AUSTRALIAN AVENUE, SUITE 1003
WEST PALM BEACH, FL 33401

FEI Number: 20-3941558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHIESINGER, ADAM
250 S. AUSTRALIAN AVE., SUITE 1003
W. PALM BCH, FL 33401 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: SCHLESINGER, ADAM
Address: 250 S. AUSTRALIAN AVE., SUITE 1003
City-St-Zip: W. PALM BCH, FL 33401

Title: VD ( ) Delete
Name: SCHLESINGER, RICHARD
Address: 250 S. AUSTRALIAN AVE., SUITE 1003
City-St-Zip: W. PALM BCH, FL 33401

Title: STD ( ) Delete
Name: SCHLESINGER, LESLIE
Address: 250 S. AUSTRALIAN AVE., SUITE 1003
City-St-Zip: W. PALM BCH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHLESINGER, ADAM
Address: 250 S. AUSTRALIAN AVE., SUITE 1003
City-St-Zip: W. PALM BCH, FL 33401

Title: D (X) Change ( ) Addition
Name: SCHLESINGER, RICHARD
Address: 250 S. AUSTRALIAN AVE., SUITE 1003
City-St-Zip: W. PALM BCH, FL 33401

Title: D (X) Change ( ) Addition
Name: KERN, PAUL
Address: 9635 NW 1ST COURT
City-St-Zip: PEMBROKE PINES, FL 33024

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: ADAM SCHLESINGER D 05/18/2006
Electronic Signature of Signing Officer or Director — Date