


FILED
Jun 02, 2008 8:00 am
Secretary of State

05-01-2008 90231 006 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION-
 ANNUAL REPORT**

DOCUMENT # N07900002115			
1. Entity Name LUNA OCEAN RESIDENCES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1986 NE 149TH STREET N MIAMI, FL 33181		Mailing Address 1986 NE 149TH STREET N MIAMI, FL 33181	
2. Principal Place of Business - No P.O. Box # 704 Ocean Drive Suite, Apt. #, etc.		3. Mailing Address 10112 USA Today Way Suite, Apt. #, etc. Miami	
City & State Pompano FL		City & State FL	
Zip 33069		Zip 33025	
Country		Country	
4. FEI Number 20-8560010		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUMACHER, LORI ESQ 18851 NE 29TH AVE SUITE 900 AVENTURA, FL 33180		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when renewing) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD BOULANGER, LAURIS <input type="checkbox"/> Delete	TITLE	STD Sobel, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOULANGER, LAURIS	NAME	Sobel, Michael
STREET ADDRESS	1986 NE 149TH STREET	STREET ADDRESS	704 S. Ocean Dr unit 501
CITY-ST-ZIP	N MIAMI, FL 33181	CITY-ST-ZIP	Pompano, FL 33069
TITLE	VD ROUSSO, MARK <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSSO, MARK	NAME	
STREET ADDRESS	1986 NE 149TH STREET	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	STD VALENZUELA, PATRICIO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENZUELA, PATRICIO	NAME	
STREET ADDRESS	1986 NE 149TH STREET	STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 33181	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 117, 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.			
SIGNATURE: <u>Lauris Boulanger</u>		Date: <u>7/23/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

66012998



01112008 Chg-NP CR2E037 (12/06)