FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
MAR 23 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N27777 (4)

1. Corporation Name

LA BONNE VIE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1280 S.W. 36th Avenue • Suite #301 Pompano Beach, Florida 33069	

3. Date Incorporated or Qualified: 08/08/1988
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0071882 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCAN LON-SILLS, FRAN ~~220 S POMPANO PKWY~~ POMPANO BEACH FL 33069	(31) Name 1280 S.W. 36th Avenue • Suite #301 Pompano Beach, Florida 33069 (34) City FL (35) Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☐ Change ☐ Addition
NAME	SCAN LON-SILLS, FRAN		
STREET ADDRESS	~~220 S POMPANO PKWY~~		1280 S.W. 36th Avenue • Suite #301
CITY-ST-ZIP	POMPANO BEACH FL		Pompano Beach, Florida 33069
TITLE	S		☐ Change ☐ Addition
NAME	HARLEY, FREDEREICKA	22 NAME	
STREET ADDRESS	~~220 S POMPANO PKWY~~	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	LUCCHESE, ENRICO	32 NAME	
STREET ADDRESS	~~220 S POMPANO PKWY~~	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	Treasurer ☑ Change ☐ Addition
NAME	~~HOWELL, BARBARA~~	42 NAME	Rodi, Alice
STREET ADDRESS	~~220 S POMPANO PKWY~~	43 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	~~2nd V-Pres~~ ☐ Change ☐ Addition
NAME		52 NAME	Reeder, Tracey
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

3/23/95 MLB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fran Scanlon-Sills — 16 Mar. 95 — (305) 977-3146
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #
FRAN SCANLON-SILLS

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