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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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 FL 33069~~	~~1280 S.W. 36TH AVENUE~~ ~~SUITE 301~~ ~~POMPANO BEACH FL 33069~~

3. Date Incorporated or Qualified: **08/08/1988**
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business	2a. Mailing Address
21 2200 North Federal Hwy	26 2200 North Federal Hwy
Suite, Apt. #, etc. 22 Suite 212	Suite, Apt. #, etc. 27 Suite 212
City & State 23 Boca Raton, FL.	City & State 28 Boca Raton, FL
Zip / Country 24 33431 / 25 USA	Zip / Country 29 33431 / 30 USA

4. FEI Number: **65-0071882** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 **1280 S.W. 36TH AVENUE** **SUITE 301** **POMPANO BEACH FL 33069**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCAN LON-SILLS, FRAN ~~1280 S.W. 36TH AVENUE, SUITE 301~~ ~~POMPANO BEACH FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☑ Change ☐ Addition	4600 West McNab Road #B2 Pompano Beach, FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ HARLEY, FREDERICKA ~~1280 S.W. 36TH AVENUE, SUITE 301~~ ~~POMPANO BEACH FL~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☑ Change ☐ Addition	SD 4600 West McNab Road #A2 Pompano Beach, FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LUCCHESE, ENRICO 1280 S.W. 36TH AVENUE, SUITE 301 POMPANO BEACH FL	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☑ Addition	TD. Cookie DeStefano 4630 West McNab Rd. #B2 Pompano Beach, FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ RODI, ALICE 1280 S.W. 36TH AVENUE, SUITE 301 POMPANO BEACH FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☑ Change ☐ Addition	VP D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2-VP REEDER, TRACEY 1280 S.W. 36TH AVENUE, SUITE 301 POMPANO BEACH FL	☑ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☑ Addition	2VP D Barb Howell 4600 West McNab Rd. #D2 Pompano Beach, FL.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E037 (12/95)

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)(k), 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 Lon-Sills 4/29/96 407-347-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #