FILE NOW: FILING FEE IS $61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
2200 NORTH FEDERAL HWY. SUITE 212 BOCA RATON FL 33431 US	2200 NORTH FEDERAL HWY. SUITE 212 BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 08/08/1988

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SCAN LON-SILLS, FRAN~~
~~1200 S.W. 30TH AVENUE~~
~~SUITE 301~~
~~POMPANO BEACH FL 33069~~

10. Name and Address of New Registered Agent

81 Name: LENNIE PLAZUTE
82 Street Address (P.O. Box Number is Not Acceptable): 2200 N. FEDERAL Hwy.
83: Suite 210
84 City: BOCA RATON **FL** 85 Zip Code: 33431

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] 3/19/98
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	VPD	☐ DELETE	1.1 TITLE	DT	☐ Change ☐ Addition
NAME	SCAN LON-SILLS, FRAN		1.2 NAME	Jeff Powell	
STREET ADDRESS	4600 WEST MCNAB ROAD #B2		1.3 STREET ADDRESS	4620 W. MCNAB Road A2	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Pompano Beach, FL	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARLEY, FREDEREICKA		2.2 NAME		
STREET ADDRESS	4600 WEST MCNAB ROAD #B2		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	CASCELLA, ANTHONY		3.2 NAME		
STREET ADDRESS	4620 WEST MCNAB RD. #D-1		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	PD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BULLARD, JIM		4.2 NAME		
STREET ADDRESS	4620 WEST MCNAB RD. #R-1		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, BARB		5.2 NAME		
STREET ADDRESS	4600 WEST MCNAB RD. #D2		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: [signature] 3/18/98 561-347-1494