2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N27777

1. Entity 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

DO NOT WRITE IN THIS SPACE

01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0071882

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PLAZURE, LENNIE
2200 N FEDERAL HWY
STE 212
BOCA RATON, FL 33431

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

Filing Fee is $61.25
Due by May 1, 2004

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

~~U00000125733 A.H~~
~~04/23/04-80006-014 50.00~~

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HORNE, VICTORIA
STREET ADDRESS	4630 WEST MENAB RD #D2
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	SD
NAME	HARLEY, FREDERICA
STREET ADDRESS	4600 WEST MCNAB ROAD #B2
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	PD
NAME	GREULICH, JOLENE
STREET ADDRESS	4600 W. MCNAB RD
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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 617, 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: Frederica Harley 4/5/04 (954) 978-8033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #