

**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.	
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Principal Place of Business 2200 NORTH FEDERAL HWY. SUITE 212 BOCA RATON, FL 33431 US	Mailing Address 2200 NORTH FEDERAL HWY. SUITE 212 BOCA RATON, FL 33431 US
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01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

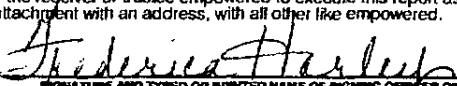
~~U000000125733~~ *A.H.*
~~04/23/04-80006-014 50.00~~

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, VICTORIA 4630 WEST MENAB RD #D2 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARLEY, FEDERICA 4600 WEST MCNAB ROAD #B2 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREULICH, JOLENE 4600 W. MCNAB RD POMPANO BEACH, FL 33069
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U000000125733
04/23/04-80006-014 61.25

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/5/04 (954) 978-8033**
Date Daytime Phone #