


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90002 026 ****61.25

DOCUMENT # N27777	
1. Entity Name LA BONNE VIE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1511 E. COMMERCIAL BLVD #141 FORT LAUDERDALE, FL 33334 US	Mailing Address 1511 E. COMMERCIAL BLVD #141 FORT LAUDERDALE, FL 33334 US
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60044075



2. Principal Place of Business - No P.O. Box # 1280 SW 36 AVENUE Suite, Apt. #, etc. 301 City & State POMPANO BEACH, FL	3. Mailing Address 1280 SW 36 AVENUE Suite, Apt. #, etc. 301 City & State POMPANO BEACH, FL
Zip 33069 Country USA	Zip 33069 Country USA

05082008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0071882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, ROBERT C MARTIN & BENNIS P.A. 319 S.E. 14TH STREET FORT LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name TINA RYAN Street Address (P.O. Box Number is Not Acceptable) EXCLUSIVE PROPERTY MANAGEMENT INC 1280 SW 36 AVE #301 City POMPANO BEACH FL Zip Code 33069
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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 Tina Ryan DATE 5-8-08
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 September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BULLARD, JIMMY 4620 N MCNAB RD A-1 POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOOLEY, STEPHANIE 4630 W MCNAB RD C-1 POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREULICH, JOLENE 4600 W. MCNAB RD POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREULICH, JOLENE 4600 W. MCNAB RD POMPANO BEACH, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOOLEY, STEPHANIE 4630 W MCNAB RD POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNE, VICTORIA 4630 W MCNAB RD POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Victoria J. Horne 5/29/08 954-958-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #