

FILED
Jun 06, 2008 8:00 am
Secretary of State

05-02-2008 90169 011 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N44370			
1. Entity Name LE FRONTENAC CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 17801 N BAY ROAD SUNNY ISLES BCH, FL		Mailing Address 2035 HARDING HOLLYWOOD STE. 200 HOLLYWOOD, FL 33020	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0278063		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LE FRONTENA, CHARRON R 17801 N BAY RD NORTH MIAMI BEACH, FL 33160		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARC-AURELE, GERARD 17801 N. BAY ROAD, #601 SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOISVERT, J.C. 17800 N BAY RD #306 SUNNY ISLES BCH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LACOMBE, FERNAND 17801 N BAY RD #309 MIAMI, FL 33160 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CARMEN ST-PIERRE 17801 N BAY RD #606 sunny isles beach FL 33160 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CHARRON, ROBERTO 17801 N BAY RD., #202 MIAMI, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D METHOT, LEON 17801 N BAY RD., #511 SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/30/08 796-287-2335 Date Daytime Phone #	