2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# N51242

Entity Name: LE MONTCALM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18000 NORTH BAY ROAD
N MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

18000 NORTH BAY ROAD
N MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0367721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LABOSSIERE, MARC
1222 NE 4TH AVENUE
FORT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARC LABOSSIERE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BLACKBURN, GASTON
Address: 18000 N BAY RD #504
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP ( ) Delete
Name: HAGEVIK, MARVETTE
Address: 18000 N BAY RD #404
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: T ( ) Delete
Name: BOIVIN, NORMANDE
Address: 1800N BAY ROAD APT 503
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D ( ) Delete
Name: DROLET, LOUIS
Address: 18000 N BAY RD.
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D ( ) Delete
Name: DESROSIERS, YVAN
Address: 18010 N BAY RD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GASTON BLACKBURN P 10/09/2006

Electronic Signature of Signing Officer or Director — Date