


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N51242</b> 1. Entity Name LE MONTCALM CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 18000 NORTH BAY ROAD N MIAMI BEACH, FL 33160		Mailing Address 18000 NORTH BAY ROAD N MIAMI BEACH, FL 33160
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LABOSSIERE, MARC 1222 NE 4TH AVENUE FORT LAUDERDALE, FL 33314		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACKBURN, GASTON 18000 N BAY RD #504 SUNNY ISLES BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAGEVIK, MARVETTE 18000 N BAY RD #404 SUNNY ISLES BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOIVIN, NORMANDE 1800N BAY ROAD APT 503 SUNNY ISLES BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DROLET, LOUIS 18000 N BAY RD. SUNNY ISLES BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESROSIERS, YVAN 18010 N BAY RD SUNNY ISLES BEACH, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>x Marvette Hagevik</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4-16-07</i> Daytime Phone #



03062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0367721	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/14/07-80006-023 61.25

**DO NOT WRITE  
IN THIS SPACE**