

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

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N93000005348

1. Entity Name
LE SANCTUAIRE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3425 S OCEAN BLVD
ATTN: MANAGER
HIGHLAND BCH., FL 33487 US**

Mailing Address

**3425 S OCEAN BLVD
ATTN: MANAGER
HIGHLAND BCH, FL 33487 US**



04102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0554394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAPPER, CHARLES
3425 S OCEAN BLVD, #2
HIGHLAND BEACH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BENJAMIN, ALVIN
3425 S OCEAN BLVD #1
HIGHLAND BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRAWFORD, DONALD B
3425 S OCEAN BLVD #3
HIGHLAND BCH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRONFMAN, BARBARA B
3425 S OCEAN BLVD PH
HIGHLAND BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000708706
04/24/07-80126-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-13-07

954.602.0800