

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005348

FILED
Apr 21, 2008
Secretary of State

Entity Name: LE SANCTUAIRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0554394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 336075736 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAPPER, CHARLES
Address: 3425 S OCEAN BLVD, #2
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: D () Delete
Name: BENJAMIN, ALVIN
Address: 3425 S OCEAN BLVD #1
City-St-Zip: HIGHLAND BCH, FL

Title: D () Delete
Name: CRAWFORD, DONALD B
Address: 3425 S OCEAN BLVD #3
City-St-Zip: HIGHLAND BCH, FL 33487

Title: D () Delete
Name: BRONFMAN, BARBARA B
Address: 3425 S OCEAN BLVD PH
City-St-Zip: HIGHLAND BCH, FL

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:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL WAROFF, AGENT FOR LE SANCTUAIRE CO

AGNT

04/21/2008

Electronic Signature of Signing Officer or Director

Date