

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001094

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** LE MAISONNEUVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

17700 N. BAY RD  
#101  
SUNNY ISLES BEACH, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

17700 N. BAY RD  
#101  
SUNNY ISLES BEACH, FL 33160 US

**New Mailing Address:**

**FEI Number:** 65-0322829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LABOSSIERE, MARC  
1222 N.E. 4TH AVE  
FT. LAUDERDALE, FL 33304 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: PD  
Name: BOYER, ROBERT PRES.  
Address: 17700 N BAY ROAD #601  
City-St-Zip: SUNNY ISLE, FL 33160

Title: SEC.  
Name: ROY, JEAN-LUC SECR.  
Address: 17700 N BAY ROAD #706  
City-St-Zip: SUNNY ISLE, FL 33160 US

Title: D  
Name: DOWNEY, PATRICK DIR.  
Address: 17700 N BAY RD #907  
City-St-Zip: SUNNY ISLE, FL 33160 US

Title: TRES  
Name: MARIE-ANDRE, DUBREUIL TRESORY  
Address: 17700 N BAY RD., #301  
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

Title: D  
Name: DEVOST, RONALD DIR.  
Address: 17700 N BAY RD #510  
City-St-Zip: SUNNY ISLE, FL 33160 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT BOYER

PRES

04/25/2011

Electronic Signature of Signing Officer or Director

Date