

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718749

**FILED**  
**Feb 19, 2021**  
**Secretary of State**  
**3239542762CC**

**Entity Name:** CONDOMINIUM ASSOCIATION OF LA MER ESTATES, INC.

**Current Principal Place of Business:**

1890 SOUTH OCEAN DRIVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

1890 SOUTH OCEAN DRIVE  
HALLANDALE, FL 33009

**FEI Number: 59-1321610**

**Certificate of Status Desired: No**

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

GABLE, MICHAEL P  
4000 HOLLYWOOD BLVD  
SUITE 735 SOUTH TOWER  
HOLLYWOOD, FL 33021-6755 US

*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

**Officer/Director Detail :**

Title P, DIRECTOR  
Name SHAFFER, HARVEY  
Address 1890 S OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title TD  
Name FIXMAN, EARL  
Address 1890 S OCEAN DR  
City-State-Zip: HALLANDALE FL 33009

Title VPD  
Name LEVY, SHLOMO  
Address 1890 S OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title SECRETARY  
Name COHEN, VICKY  
Address 1890 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title D  
Name GUDZ, ALAN  
Address 1890 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title D  
Name ABBA, STEVEN  
Address 1890 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name PUERTO, ANGEL  
Address 1890 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name WISEMAN, ROBERT  
Address 1890 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

**Continues on page 2**

*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: HARVEY SHAFFER**

**PROPERTY MANAGER**

**02/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MILLER, CHARLES  
Address 1890 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name HOLZ, HY  
Address 1850 S. OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name FIALKO, IGOR  
Address 1890 SOUTH OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR  
Name KATZ, MICHAEL  
Address 1890 S. OCEAN DRIVE  
City-State-Zip: HALLANDALE FL 33009