

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27777

Entity Name: LA BONNE VIE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**CAMPBELL PROPERTY MANAGEMENT
3500 GATEWAY DR #202
POMPANO BEACH, FL 33069**Current Mailing Address:**CAMPBELL PROPERTY MANAGEMENT
3500 GATEWAY DR #202
POMPANO BEACH, FL 33069 US**FEI Number:** 65-0071882**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTIN, ROBERT C
C/O MARTIN & BENNIS PA
319 S.E 14TH STREET
FT. LAUDERDALE, FL 33316 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	SECRETARY
Name	GREULICH, JOLENE
Address	C/O CAMPBELL PROPERTY MANAGEMENT 3500 GATEWAY DR #202
City-State-Zip:	POMPANO BEACH FL 33069

Title	VP
Name	BULLARD, JIMMY M
Address	C/O CAMPBELL PROPERTY MANAGEMENT 3500 GATEWAY DR #202
City-State-Zip:	POMPANO BEACH FL 33069

Title	PRESIDENT
Name	HORNE, VICTORIA
Address	C/O CAMPBELL PROPERTY MANAGEMENT 3500 GATEWAY DR #202
City-State-Zip:	POMPANO BEACH FL 33069

Title	TREASURER
Name	CARRION-QUIJANO, MYRIAM
Address	C/O CAMPBELL PROPERTY MANAGEMENT 3500 GATEWAY DR #202
City-State-Zip:	POMPANO BEACH FL 33069

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: HORNE, VICTORIA**PRESIDENT****03/17/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date