


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90003 018 \*\*\*\*61.25

**DOCUMENT # 754078**  
 1. Entity Name  
**LISETTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1990 MARSEILLES DR.  
 MIAMI BEACH, FL 33141**

Mailing Address  
**1990 MARSEILLES DR.  
 MIAMI BEACH, FL 33141**

00001002



2. Principal Place of Business  
 Suite, Apt. #, etc.  
**#402**

3. Mailing Address  
**1990 MARSEILLES DR.**  
 Suite, Apt. #, etc.  
**#402**

City & State  
**Miami Beach, FL**

Zip Country  
**33141 USA**

09262004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2130925**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ALMODOVAR, CARMEN**  
**1990 MARSEILLES DRIVE**  
**#502**  
**MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                   |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GONZALEZ, ROLANDO<br>1990 MARSEILLES DR #402<br>MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SANTOS, ANA<br>1990 MARSEILLES DRIVE, #400<br>MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>ODIO, GERARDO R<br>1990 MARSEILLES DR #202<br>MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>GOMEZ, IGNACIO<br>1990 MARSEILLES DR #500<br>MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PADRO, JOAQUIN<br>1990 MARSEILLES DRIVE, #301<br>MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HERNANDEZ, JOSEPHINE<br>1990 MARSEILLES DR #404<br>MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|  |  | D<br>Molina, Luis<br>1990 Marseilles DR., #200<br>Miami Beach, FL 33141 |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rolando Gonzalez, Presidente 9/24/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment  
66434304

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 2, 2004

LISETTE CONDOMINIUM ASSOCIATION, INC.  
1990 MARSEILLES DR. - M BEACH  
# 502  
MIAMI BEACH, FL 33141

Subject: LISETTE CONDOMINIUM ASSOCIATION, INC.

Reference Number: 754078

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCAION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rg

ANNUAL REPORTS SECTION

9/24/04 -

Please see attached corrected Annual Report/Uniform Business Report, we apologize for filling out the first form(s) incorrectly. The attached Annual Report is the correct one. Thank you!

Rolando Gonzalez, Presidente.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314