


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90443 013 \*\*\*\*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. #402 MIAMI BEACH FL 33141**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E037 (10/05)  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE NAME	PD GONZALEZ, ROLANDO	<input type="checkbox"/> Delete
STREET ADDRESS	1990 MARSEILLES DR #402	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	V SANTOS, ANA	<input type="checkbox"/> Delete
STREET ADDRESS	1990 MARSEILLES DRIVE, #400	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	TD ODIO, GERARDO R	<input type="checkbox"/> Delete
STREET ADDRESS	1990 MARSEILLES DR #202	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	S GOMEZ, IGNACIO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1990 MARSEILLES DR #500	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	D PADRO, JOAQUIN	<input type="checkbox"/> Delete
STREET ADDRESS	1990 MARSEILLES DRIVE, #301	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	D MOLINA, LUIS	<input type="checkbox"/> Delete
STREET ADDRESS	1990 MARSEILLES DRIVE #200	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD GONZALEZ, ROLANDO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1990 MARSEILLES DR #402	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE NAME	V SANTOS, ANA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1990 MARSEILLES DRIVE #400	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	TD ODIO, GERARDO R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1990 MARSEILLES DR #202	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	S MOLINA, LUIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1990 MARSEILLES DR #200	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME	D PRADO, JOAQUIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1990 MARSEILLES DRIVE, #301	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Ana Santos* SANTOS, ANA April 22/06 305-864-3034