

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 04, 2009
Secretary of State

DOCUMENT# 754078

Entity Name: LISETTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1990 MARSEILLE DRIVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

1990 MARSEILLE DRIVE
#400
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 59-2130925 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMODOVAR, CARMEN
1990 MARSEILLE DRIVE
#502
MIAMI BEACH, FL 33141 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 () Delete
Name: MOLINA, LUIS
Address: 1990 MARSEILLE DR #200
City-St-Zip: MIAMI BEACH, FL 33141

Title: V () Delete
Name: SANTOS, ANA
Address: 1990 MARSEILLE DRIVE, #400
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD () Delete
Name: ODIO, GERARDO R
Address: 1990 MARSEILLE DR #202
City-St-Zip: MIAMI BEACH, FL 33141

Title: S () Delete
Name: ARANGO, MAURICIO
Address: 1990 MARSEILLE DR #401
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAVAGLIO, OLGA
Address: 1990 MARSEILLE DR #503
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OLGA SAVAGLIO

PD

08/04/2009

Electronic Signature of Signing Officer or Director

Date