

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90057 017 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2130925**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALMODOVAR, CARMEN
1990 MARSEILLES DRIVE
#502
MIAMI BEACH FL 33141**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	GONZALEZ, ROLANDO	1990 MARSEILLES DR #402	MIAMI BEACH FL 33141	<input type="checkbox"/>	<input type="checkbox"/>
V	SANTOS, ANA	1990 MARSEILLES DRIVE, #400	MIAMI BEACH FL 33141	<input type="checkbox"/>	<input type="checkbox"/>
TD	ODIO, GERARDO R	1990 MARSEILLES DR #202	MIAMI BEACH FL 33141	<input type="checkbox"/>	<input type="checkbox"/>
S	GOMEZ, IGNACIO	1990 MARSEILLES DR #500	MIAMI BEACH FL 33141	<input type="checkbox"/>	<input type="checkbox"/>
D	PADRO, JOAQUIN	1990 MARSEILLES DRIVE, #301	MIAMI BEACH FL 33141	<input type="checkbox"/>	<input type="checkbox"/>
D	HERNANDEZ, JOSEPHINE	1990 MARSEILLES DR #404	MIAMI BEACH FL 33141	<input type="checkbox"/>	<input type="checkbox"/>

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 305-864-1143
Date Daytime Phone #

CR2E037 (10/02)