1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9500001749 1. Corporation Name

LES JARDINS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 8200 N.W. 10 STREET

Mailing Address C/O 305 ALCAZAR AVE.

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90061 034 ****61.25



MIAMI FL 33126 US		CORAL GABLES FL 33134 US						
2. Principal Pl	lace of Business	2a. Mailing Address	.4		Date Incorporated or Qualifed 04/12/1995			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		olied For	
22		27			65-0651973	No	Applicable	
City & State	9	City & State		•	5. Certifcate of Status Desired	\$8.75 A Fee Red		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	Mav Be	
24	25	29 30	0		Trust Fund Contribution	Added to	- 1	
24	9. Name and Address of Current				10. Name and Address of New Registe	red Agent		
			81	Name				
OIO TERM	-04 18140		82		Address (D.O. Day Musches in Not Assessable)			
C/O TERESA VILAR				Street	Address (P.O. Box Number is Not Acceptable)			
	AZAR AVE.		83					
CORAL G	SABLES FL 33134							
			84	City		FL 85 Zip C	Code	
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	nonzea by	ine corpo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	e of changing its ppointment as rec	registered /\ gistered	
SIGNATURE					equired when reinstating) DAT	F	; Ì	
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	it signature n	ADDITIONS/CHANGES TO OFFICER		RS IN 12	
		D DIRECTORS DELETE	1.1 TITLE			Change	Addition	
πιε	-PD	DELETE			Siero, Leslie, PD 8270 nwion, ag	110	_	
NAME	PRATE ERED		1.2 NAME		8270 NW1001 CH	M 7		
STREET ADDRESS	8310 N.W. 10 STREET APT: 3			ADDRESS	MIAMI, FLA 33/2	1		
CITY-ST-ZIP	MINM CL -02126		1.4 CITY-S	T- ZIP	WALL THE OSTE	☐ Change	Addition	
TITLE	VPD	☐ DELETE	2.1 TITLE		VPD	□ Originge		
NAME	SIERO, LESLIE		2.2 NAME		Mota, Jesus of a	,		
STREET ADDRESS	.8270.N.W10.STREET APT. 9		2.3 STREE	ADDRESS	-8-320-7-W-10-311	~~~	==	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-5	T-ZIP	MIAMI, FIN 331	☐ Change	Addition	
TITLE	STD	☐ DELETE	3.1 TITLE		SID H 11.	Change] Addition	
NAME	BENITO, MARTHA		3.2 NAME		BONITO, MARTIA			
STREET ADDRESS	8310 N.W. 10 STREET J9		3.3 STREE	TADDRESS	Banito, Hartha 8310 nw 10 st, J9	_		
CITY-ST-ZIP	MIAMI FL 33126		3.4. CITY-5	ST-ZIP	HIAMI, FIA 33120			
TITLE		☐ DELETE	4.1 TITLE		,	☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	Į		4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
	1		6.3 STREE	T ADDRESS				
STREET ADDRESS	1		1					

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 deciver or tripstee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation or the Block 12 or Block 13 if changed, or on all

SIGNATURE: