


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |   |
|---|---|
| <b>DOCUMENT # N95000001749</b><br>1. Entity Name<br>LES JARDINS CONDOMINIUM ASSOCIATION, INC. |  |
|---|---|

FILED  
07 JUN 11 PM 3:47  
FLORIDA STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br>2200 NW 102ND AVE.<br>5<br>MIAMI, FL 33172 US | Mailing Address<br>2200 NW 102ND AVE.<br>5<br>MIAMI, FL 33172 US |
|--|--|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

06082007 Chg-NP CR2E037 (12/06)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>65-0651973   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b>           | <b>7. Name and Address of New Registered Agent</b>  |
| SPM GROUP, INC.<br>2200 NW 102 AVE.<br>STE. 5<br>MIAMI, FL 33172 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|                              |   |  |
|------------------------------|---|--|
| <b>Amended AR is \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to Florida Department of State</b> |
|------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>PULIDO, ALTAGRACIA<br>8320 NW 10 ST #4<br>MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ALCANTARD, LUIS R<br>8260 NW 10TH ST. #7<br>MIAMI, FL 33126 <input type="checkbox"/> Delete          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPSD<br>LOPEZ, EDUARDO<br>8260 NW 10TH ST. #2<br>MIAMI, FL 33126 <input type="checkbox"/> Delete           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Lenny Morales<br>8240 NW 10 Street #6<br>Miami FL 33126 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>400104423704<br>06/15/07--01021--006 **\$61.25                        |
| 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        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:  6/8/07 305-444-6757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #