

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# N95000001749

Entity Name: LES JARDINS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2200 NW 102ND AVE.
5
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

2200 NW 102ND AVE.
5
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-0651973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPM GROUP, INC.
2200 NW 102 AVE.
STE. 5
MIAMI, FL 33172 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: TDSD () Delete
Name: MORALES, LENY
Address: 8240 NW 10 ST #6
City-St-Zip: MIAMI, FL 33126

Title: PD () Delete
Name: ALCANTARD, LUIS R
Address: 8260 NW 10TH ST. #7
City-St-Zip: MIAMI, FL 33126

Title: VPSD () Delete
Name: LOPEZ, EDUARDO
Address: 8260 NW 10TH ST. #2
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LUIS ALCANTATA

PD

02/17/2009

Electronic Signature of Signing Officer or Director

Date