

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 720929 1. Entity Name LEJEUNE MANOR CONDOMINIUM ASSOCIATION, INC.		 <div style="text-align: right; padding-top: 10px;"> FILED 06 JUL 19 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business MIAMI MANAGEMENT 1201 S.W. 42 AVE. MIAMI, FL 33134		Mailing Address MIAMI MANAGEMENT 1201 S.W. 42 AVE. MIAMI, FL 33134	
2. Principal Place of Business 1201 S.W. 42 AVE. Suite, Apt. #, etc.		3. Mailing Address Tower Management Services Inc 900 W. 49th St. Suite 220 Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State Hialeah FL 33012	
Zip 33134		Country USA	
4. FEI Number 26-6175853		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIAMI MANAGEMENT 1201 S.W. 42 AVE. MIAMI, FL 33134		7. Name and Address of New Registered Agent Name Tower Management Services Inc Street Address (P.O. Box Number is Not Acceptable) 900 W. 49th St. Suite 220 Hialeah FL 33012 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 7/6/06 <small>DATE</small> </div> </div>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME DIAZ, ANIA STREET ADDRESS 1201 SW LE JEUNE RD. #104 CITY-ST-ZIP MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME 300078232033 STREET ADDRESS 08/01/06--01048--025 **61.25 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME HERNANDEZ, NELLY STREET ADDRESS 1201 LE JEUNE ROAD #106 CITY-ST-ZIP MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE TD NAME HERNANDEZ, Nelly STREET ADDRESS 1201 S.W. 42 AVE #106 CITY-ST-ZIP MIAMI, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME ALVARODIAZ, MANUEL STREET ADDRESS 1201 SW LE JEUNE RD 103 CITY-ST-ZIP MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE PD NAME Alvarodiaz, Manuel STREET ADDRESS 1201 S.W. 42 AVE #103 CITY-ST-ZIP MIAMI, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME PERNA, JULIO STREET ADDRESS 1201 SW LE JEUNE RD 219 CITY-ST-ZIP MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE SD I NAME PERNA, Julio STREET ADDRESS 1201 S.W. 42 AVE #219 CITY-ST-ZIP MIAMI, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/6/06 305-821-7668 <small>Date Daytime Phone #</small>	