

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41878

FILED
Apr 20, 2009
Secretary of State

Entity Name: L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5757 COLLINS AVE.
ADMIN OFFICE
MIAMI BCH., FL 33140 US

New Principal Place of Business:

Current Mailing Address:

5757 COLLINS AVE.
ADMIN OFFICE
MIAMI BCH., FL 33140 US

New Mailing Address:

FEI Number: 65-0247650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIR STE 1102
CORAL GABLES, FL 33134 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: P () Delete
Name: PARODI, JUAN M
Address: 5757 COLLINS AVE. 801
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP () Delete
Name: VARGAS, JOSE DR
Address: 5757 COLLINS AVE, 606
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: S () Delete
Name: ROQUE, OLGA
Address: 5757 COLLINS AVE. 1605
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: HUNTER, SONDR
Address: 5757 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: SALCINES, GERALDO
Address: 5757 COLLINS AVE.
City-St-Zip: MIAMI BCH., FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MAGRISSO, ISRAEL
Address: 5757 COLLINS AVE, 604
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T (X) Change () Addition
Name: ROQUE, OLGA
Address: 5757 COLLINS AVE. 1605
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Change () Addition
Name: HERRERA, IVAN
Address: 5757 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Change () Addition
Name: NEGRIN, LAZARO
Address: 5757 COLLINS AVE.
City-St-Zip: MIAMI BCH., FL 33140 US

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: JUAN M. PARODI

P

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date