

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20849

Entity Name: LE JARDIN COMMUNITY CENTER, INC.**Current Principal Place of Business:**311 NE 8TH STREET
SUITE 203
HOMESTEAD, FL 33030**Current Mailing Address:**311 NE 8TH STREET
SUITE 203
HOMESTEAD, FL 33030 US**FEI Number:** 59-2810036**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	APONTE, VIRGINIA
Address	657 SE 22 DRIVE
City-State-Zip:	HOMESTEAD FL 33033

Title	EXECUTIVE DIRECTOR
Name	BERRONES, EDUARDO
Address	311 NE 8TH STREET SUITE 203
City-State-Zip:	HOMESTEAD FL 33030

Title	BOARD MEMBER
Name	MCALLISTER, EUGENE
Address	19411 SW 308TH STREET
City-State-Zip:	HOMESTEAD FL 33030

Title	CFO
Name	MARTINEZ, AUDELIA
Address	311 NE 8TH STREET SUITE 203
City-State-Zip:	HOMESTEAD FL 33030

Title	CHAIRMAN
Name	MURPHY, MARTIN
Address	7133 SW 115 PL #C
City-State-Zip:	MIAMI FL 33173

Title	VC
Name	GERARDIN, KARIN
Address	211 N. KROME AVENUE
City-State-Zip:	HOMESTEAD FL 33030

Title	TREASURER
Name	OLIVERA, MARIA-ISABEL
Address	220 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: AUDELIA MARTINEZ

CFO

01/09/2019

Electronic Signature of Signing Officer/Director Detail_____
Date