

2021 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	BOARD MEMBER
Name	MCALLISTER, EUGENE
Address	19411 SW 308TH STREET
City-State-Zip:	HOMESTEAD FL 33030

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

Title	VC
Name	MOORE, CHRISTINE
Address	9840 SW 72 STREET
City-State-Zip:	MIAMI FL 33173

Title	EXECUTIVE DIRECTOR
Name	BERRONES, EDUARDO
Address	311 NE 8TH STREET SUITE 203
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	TREASURER
Name	OLIVERA, MARIA-ISABEL
Address	220 ALHAMBRA CIRCLE
City-State-Zip:	CORAL GABLES FL 33134

Title	BOARD MEMBER
Name	LYNCH, JACQUELINE
Address	4286 FOXTAIL LANE
City-State-Zip:	WESTON FL 33331

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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

02/01/2021

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name GOLDIN, DEANA
Address 14550 SW 84TH COURT
City-State-Zip: PALMETTO BAY FL 33158

Title BOARD MEMBER
Name USQUELIS, PAOLA
Address 8925 SW 148TH STREET
 SUITE 200
City-State-Zip: MIAMI FL 33176

Title BOARD MEMBER
Name CHERUBINI, DEBBIE
Address 8 OCEANA AVE
City-State-Zip: KEY LARGO FL 33037