

FILE NOW: FILING FEE IS \$61.25

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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720929 (9)
1. Corporation Name
LEJEUNE MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O CREST MANAGEMENT, INC. C/O CREST MANAGEMENT, INC.
P.O. BOX 452347 P.O. BOX 452347
SUNRISE FL 33345 SUNRISE FL 33345-2347
US US

3. Date Incorporated or Qualified 05/13/1971
3a. Date of Last Report 04/11/1996

| | | | |
|--------------------------------|------------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 26-6175853 | Applied For Not Applicable |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 Zip Country | 28 Zip Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 25 | 29 | 30 |

| | | | |
|---|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| CREST PROPERTY MGMT 4700 HIATS ROAD #156 SUNRISE FL 33313 | | 81 Name | |
| 4/1/97 \$61.25 #1258 | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Donald R. Castagna DONALD R. CASTAGNA 4/5/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONTRERAS, RAUL | 1.2 NAME | |
| STREET ADDRESS | 1201 S.W. LE JEUNE ROAD, #210 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VELIZ, GLORIA | 2.2 NAME | |
| STREET ADDRESS | 1201 S.W. LE JEONNE RD, 214 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALVARODIAZ, SONNIA | 3.2 NAME | |
| STREET ADDRESS | 1201 S.W. LEJENUE RD, 103 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Paul Contreras PAUL CONTRERAS - PRESIDENT 4/1/97

CR2E037 (9/96)