

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90018 011 ****61.25

DOCUMENT # 720929



1. Entity Name
LEJEUNE MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
MIAMI MANAGEMENT **MIAMI MANAGEMENT**
14275 SW 142 AVE. **14275 SW 142 AVE.**
MIAMI FL 33180 **MIAMI FL 33180**
US **US**

94020890



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **26-6175853** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIA Y, CARLOS A
10570 NW 27 STREET
SUITE #103
MIAMI FL 33172

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUAZ, ANIA	
STREET ADDRESS	1201 SW LE SEUNE RD. #104	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, NELLY	
STREET ADDRESS	1201 LE JEUNE ROAD #106	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALVARO DIAZ, MANUEL	
STREET ADDRESS	1201 S.W. LEJENUE RD, 103	
CITY - ST - ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Julia Janes	
STREET ADDRESS	255 San Sebastian Ave	
CITY - ST - ZIP	Coral Gables FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I 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 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:

Ania Diaz **ANIA DIAZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #