

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90041 020 ****61.25

DOCUMENT # 720929 1. Entity Name LEJEUNE MANOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1201 S.W. 42 AVENUE MIAMI, FL 33134 US			Mailing Address C/O TOWER MANAGEMENT SERVICES INC. 900 W. 49TH STREET, SUITE #220 HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 90 TPS Management			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 661554		0112007 Chg-NP CR2E037 (12/06)	
City & State		City & State Miami Springs, FL		4. FEI Number 26-6175853	
Zip		Zip 33266		Country USA	
6. Name and Address of Current Registered Agent TOWER MANAGEMENT SERVICES INC. 900 W. 49TH STREET SUITE 220 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite 1102 City Coral Gables FL 33134	
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. SKRLD, Inc. SIGNATURE BY:  Helio DeLaTorre, Director <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, NELLY 1201 S.W. 42 AVENUE, #106 MIAMI, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVARODIAZ, MANUEL 1201 S.W. 42 AVENUE, #103 MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ania Diaz 1201 SW 42 AVE. #104 MIAMI, FL. 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERNA, JULIO 1201 S.W. 42 AVENUE, #219 MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S MARIA S. YANER 255 SAN SEBASTIAN AVE. CORAL GABLES, FL. 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			3/28/07 (305) 885-0845		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		