


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # 720929</b>			
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 <i>90 TPS Management</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 661554</i>	
City & State		City & State <i>Miami Springs, FL</i>	
Zip	Country	Zip	Country
		<i>33266</i>	<i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TOWER MANAGEMENT SERVICES INC. 900 W. 49TH STREET SUITE 220 HIALEAH, FL 33012		Name <i>SKRLD, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>201 Alhambra Circle, Suite 1102</i> City <i>Coral Gables</i> <b>FL</b> Zip Code <i>33134</i>	
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 BY: <i>Helio DeLaTorre</i> <b>Helio DeLaTorre, Director</b>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, NELLY	NAME	
STREET ADDRESS	1201 S.W. 42 AVENUE, #106	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<i>D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVARODIAZ, MANUEL	NAME	<i>Ania Diaz</i>
STREET ADDRESS	1201 S.W. 42 AVENUE, #103	STREET ADDRESS	<i>1201 SW 42 AVE. #104</i>
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	<i>MIAMI, FL. 33134</i>
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<i>D/S</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERNA, JULIO	NAME	<i>MARIA S. YANER</i>
STREET ADDRESS	1201 S.W. 42 AVENUE, #219	STREET ADDRESS	<i>255 SAN SEBASTIAN AVE.</i>
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	<i>CORAL GABLES, FL. 33134</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Nelly Hernandez Tesarera</i>		Date: <i>3/28/07</i> Daytime Phone #: <i>(305) 885-0815</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

