

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740893

FILED
Jan 11, 2008
Secretary of State

Entity Name: LE JEUNE GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

18240 NW 41 PLACE
MIAMI GARDENS, FL 33055 US

New Principal Place of Business:

4050 NW 181 LANE
MIAMI GARDENS, FL 33055 US

Current Mailing Address:

2200 NW 102ND AVE
SUITE 5
DORAL, FL 33172 US

New Mailing Address:

P.O. BOX 171638
HIALEAH, FL 33017 US

FEI Number: 65-0127240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARLA, JONES ESQ
1999 SW 27TH AVENUE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCDOWELL, SANDRA MS
Address: 18240 NW 41 PLACE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VD () Delete
Name: MENZIES-DELMAS, MARY MRS
Address: 3966 NW 181 LANE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: T () Delete
Name: WILLIAMS, CASSANDRA MS
Address: 4050 NW 181 LANE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: SD () Delete
Name: JONES, JOANN MS
Address: 18236 NW 41 PLACE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D () Delete
Name: JOHNSON, ROY MR
Address: 4132 NW 181 LANE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, CASSANDRA MS
Address: 4050 NW 181 LANE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VD (X) Change () Addition
Name: STOKES, SYLVIA MS
Address: 18003 NW 41 PLACE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: T (X) Change () Addition
Name: AMBROSE, MARIO MR
Address: 17948 NW 40 CT
City-St-Zip: MIAMI GARDENS, FL 33055

Title: SD (X) Change () Addition
Name: MENZIES-DELMAS, MARY MRS
Address: 3966 NW 181 LANE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D (X) Change () Addition
Name: JONES, JOANN MS
Address: 18236 NW 41 PLACE
City-St-Zip: MIAMI, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CASSANDRA WILLIAMS

MS

01/11/2008

Electronic Signature of Signing Officer or Director

Date