


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

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 754078 1. Entity Name LISETTE CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 1990 MARSEILLES DR. MIAMI BEACH, FL 33141	Mailing Address 1990 MARSEILLES DR. #402 MIAMI BEACH, FL 33141
---	---

**DO NOT WRITE IN THIS SPACE**



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2130925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ALMODOVAR, CARMEN  
 1990 MARSEILLES DRIVE  
 #502  
 MIAMI BEACH, FL 33141

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee Is \$61.25 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ROLANDO 1990 MARSEILLES DR #402 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTOS, ANA 1990 MARSEILLES DRIVE, #400 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ODIO, GERARDO R 1990 MARSEILLES DR #202 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMEZ, IGNACIO 1990 MARSEILLES DR #500 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRO, JOAQUIN 1990 MARSEILLES DRIVE, #301 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLINA, LUIS 1990 MARSEILLES DRIVE #200 MIAMI BEACH, FL 33141

U00000714424  
 04/27/07-80022-017 61.25

**DO NOT WRITE IN THIS SPACE**

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: Ana Santos V PRESIDENT 04/14/07 305-864-3634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #