

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Aug 04, 2009**  
**Secretary of State**

DOCUMENT# 754078

Entity Name: LISETTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1990 MARSEILLE DRIVE  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

1990 MARSEILLE DRIVE  
#400  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 59-2130925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALMODOVAR, CARMEN  
1990 MARSEILLE DRIVE  
#502  
MIAMI BEACH, FL 33141 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: MOLINA, LUIS  
Address: 1990 MARSEILLE DR #200  
City-St-Zip: MIAMI BEACH, FL 33141

Title: V ( ) Delete  
Name: SANTOS, ANA  
Address: 1990 MARSEILLE DRIVE, #400  
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD ( ) Delete  
Name: ODIO, GERARDO R  
Address: 1990 MARSEILLE DR #202  
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Delete  
Name: ARANGO, MAURICIO  
Address: 1990 MARSEILLE DR #401  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SAVAGLIO, OLGA  
Address: 1990 MARSEILLE DR #503  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OLGA SAVAGLIO

PD

08/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date