


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 762510 1. Entity Name LEFKAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4390 WEST 12TH LANE HIALEAH, FL 33012 US	Mailing Address C/O AMERICAN MANAGEMENT 2011 WEST 62ND STREET HIALEAH, FL 33016 US
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DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2098298	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN MANAGEMENT & REALTY, INC. 2011 WEST 62ND STREET HIALEAH, FL 33016

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000283941 04/17/08-80024-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGURADO, AUSTRALIA 4390 WEST 12TH LANE # 9-A HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, NEREIDA C 4390 WEST 12TH LANE # 10-A HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRIOS, DIANA 4390 WEST 12TH LANE #11-B HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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>Austrian Segura</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>3-28-08</i> <small>Date</small>	<i>305-558-9820</i> <small>Daytime Phone #</small>
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