2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N01000000640

Entity Name: LOS JARDINES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

555 SW 16TH AVE.
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

555 SW 16TH AVE.
MIAMI, FL 33135

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TORTAROLO, CARLOS O
555 SW 16TH AVE. APT 7
MIAMI, FL 33135 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: MENENDEZ, ZUNILDA MRS.
Address: 555 SW AVE. #10
City-St-Zip: MIAMI, FL 33135

Title: VDS (X) Delete
Name: CASTILLA, CAMELIA
Address: 555 SW 16 AVE # 6
City-St-Zip: MIAMI, FL 33135

Title: TD ( ) Delete
Name: TORTAROLO, CARLOS
Address: 555 SW 16 AVE. #7
City-St-Zip: MIAMI, FL 33135

Title: S (X) Delete
Name: CASTILLA, CAMELIA
Address: 555 SW 16 AVE. #11
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CARLOS O. TORTAROLO TD. 05/01/2009

Electronic Signature of Signing Officer or Director — Date