


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006959

1. Entity Name
LEJEUNE DOUGLAS COMMERCE CENTER I
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4700 NW 132ND STREET MIAMI, FL 33054	Mailing Address 4700 NW 132ND STREET MIAMI, FL 33054
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01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 61-1465332	<input checked="" type="checkbox"/> 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

WHITEBOOK, DANIEL S
4700 NW 132ND STREET
MIAMI, FL 33054

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

000000195661
01/26/05-80036-018 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WHITEBOOK, DANIEL S 4700 NW 132ND STREET MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLODA, RUBEN 4700 NW 132ND STREET MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITEBOOK, ROBERT 4700 NW 132ND STREET MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: _____ Date 1/21-05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR