2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State

DOCUMENT # N0400001423 1. Entity Name LEJEUNE PLACE CONDOMINIUM ASSOCIATION, INC.				.	24-2008 90047 02		
Principal Plac C/O JOSE A. 100 S.E. 2NI MIAMI, FL 3	RODRIGUEZ C/ D STREET, SUITE 2900 10	iling Address O JOSE A. RODRIGUEZ OO S.E. 2ND STREET, SUI' AMI, FL 33131	TE 2900	4000-	NEN 2011 2011 2011 2011 2011 2011	11 818 81918 (1888 511	
2. Principal P	.W. 43 Ave. C	Mailing Address Suite-Apt. #_e1c.					
City & Stat	°n; F1 n	City & State	1 WAY	4. FEI Number 20-276517		-	plied For
331	301 Country S 3	3155	Country	5. Certificate of St	-	\$8.75 Add	
	6. Name and Address of Current Regist	ered Agent		7. Name and Add	ress of New Registered	Agent	^
	EZ, JOSE A ND STREET		Name Y C	SSI(P.O. Box Number is 1	COMOGEM Not Acceptables	try.	Jeru.
MIAMI, FL	•		893	9 COVAL	WAY	Zip-Code) — —
8. The above	named entity submits this statement for the po	roose of changing its regi	istered office or regi	istered agent, or both, in		- 1 JJ	and account
the obligat	ions of registered agent.	sipose of energing its regi	atered onled or regi	stered agent, or both, wi	the state of Florida. Tan	r iditinidi witi,	and accept
I ale obligat							
SIGNATURE	Signifure, typed or pyllagi lame of registered agent and title if	applicable. (NOTE: Reg	gistered Agent signature req	quired when reinstating)	1) 8 DATE	08	
	White the trans	applicable. (NOTE: Reg 9. Election Campai Trust Fund Contr	gn Financing	\$5.00 May Be Added to Fees	DATE	ck payable to	
	Signature, typed or pyring harms of registered agent and title if	9. Election Campai Trust Fund Contr	gn Financing	\$5.00 May Be Added to Fees	DATE	ck payable to	ate
SIGNATURE	Signifure, typed or pyriagitame of registered agent and title if Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECTO PD SURIS, ROBERTO J JR	9. Election Campai Trust Fund Contr	gn Financing ribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG D NO AVOO AIX	Make chec Florida Depa	ck payable to	ate
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12. I hereby certify that the information supplied with this filing does not equalify 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 accurage 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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

Daytirne Phone #

☐ Change

☐ Addition