

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001423

FILED
Apr 06, 2009
Secretary of State

Entity Name: LEJEUNE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

115 S.W. 42 AVE
100 S.E. 2ND STREET, SUITE 2900
MIAMI, FL 33134

New Principal Place of Business:

115 S.W. 42 AVE
APT. # 403
MIAMI, FL 33134

Current Mailing Address:

C/O ANSC
8299 CORAL WAY
MIAMI, FL 33155

New Mailing Address:

GABLES PROFESSIONAL MANAGEMENT
300 ARAGON AVENUE, SUITE # 210
CORAL GABLES, FL 33134 US

FEI Number: 20-2765173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, JOSE A
8299 CORAL WAY
SUITE 2900
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

CHISHOLM, ROBERT M ESQUIRE
7254 SW 48 STREET
MIAMI, FL 33155 US

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: ROBERT M. CHISHOLM

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: EDUARDO, AIXALA
Address: 115 SW 42 AVE. 403
City-St-Zip: MIAMI, FL 33134

Title: S () Delete
Name: LEMOINE, ERIKA R
Address: 115 SW 42 AVE #404
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EDUARDO, AIXALA
Address: 115 SW 42 AVE. 403
City-St-Zip: MIAMI, FL 33134

Title: VP (X) Change () Addition
Name: LEMOINE, ERIKA R
Address: 115 SW 42 AVE #404
City-St-Zip: MIAMI, FL 33134

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: EDDIE AIXALA

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date