


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008816

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



Principal Place of Business Mailing Address

4700 NW 132 ST 4700 NW 132 ST
 OPA LOCKA, FL 33054 OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
20-2378863 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITEBOOK, DANIEL S
 4700 NW 132 ST
 OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITEBOOK, DANIEL S
STREET ADDRESS	4700 NW 132 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	KLODA, RUBEN
STREET ADDRESS	4700 NW 132 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	D
NAME	WHITEBOOK, ROBERT
STREET ADDRESS	4700 NW 132 ST
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000430207
 02/22/06-80038-021 70.00

DO NOT WRITE IN THIS SPACE

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: *Daniel Whitebook* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR