

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90030 030 ****61.25

DOCUMENT # N04000008816		
1. Entity Name LEJEUNE DOUGLAS COMMERCE CENTER II CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 4700 NW 132 ST OPA LOCKA, FL 33054	Mailing Address 4700 NW 132 ST OPA LOCKA, FL 33054	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	



Century Management Services, Inc. 1495 North Park Drive
Weston, Florida 33326

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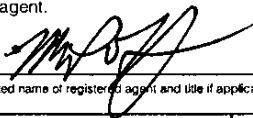
01252008 Chg-NP CR2E037 (12/06)

FEI Number 20-2378863	Applied For Not Applicable
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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	7. Name and Address of New Registered Agent Name Century Management Services, Inc. Street 1495 North Park Drive City Weston, Florida 33326 Zip Code Agent: Mark Poffenbarger
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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 2/4/08

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, 2008**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEBOOK, DANIEL S		NAME	Baldassore Balistreri	
STREET ADDRESS	4700 NW 132 ST		STREET ADDRESS	12440 NW 38 Avenue	
CITY - ST - ZIP	OPA LOCKA, FL 33054		CITY - ST - ZIP	OPA LOCKA, FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLODA, RUBEN		NAME	Javier Sosa	
STREET ADDRESS	4700 NW 132 ST		STREET ADDRESS	12482 NW 38 Ave	
CITY - ST - ZIP	OPA LOCKA, FL 33054		CITY - ST - ZIP	OPA LOCKA, FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEBOOK, ROBERT		NAME	Eduardo Perez	
STREET ADDRESS	4700 NW 132 ST		STREET ADDRESS	3868 NW 125th Street	
CITY - ST - ZIP	OPA LOCKA, FL 33054		CITY - ST - ZIP	OPA LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Delete	TITLE	Tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mike Guanche	
STREET ADDRESS			STREET ADDRESS	3824 NW 125th Street	
CITY - ST - ZIP			CITY - ST - ZIP	OPA LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ralph Bombardiere	
STREET ADDRESS			STREET ADDRESS	3884 NW 125 Street	
CITY - ST - ZIP			CITY - ST - ZIP	OPA LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #