

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 21, 2008 08:00 AM  
Secretary of State

DOCUMENT # N06000000288

1. Entity Name  
LANCASTER PLAZA COMMERCIAL CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

1804 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134

Mailing Address

1804 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134



04032008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-4092306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SOLOMON & FURSHMAN, LLP  
1666 KENNEDY CAUSEWAY  
SUITE 302  
NORTH BAY VILLAGE, FL 33141

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000913862

05/08/08-80005-006 61.25

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MENENDEZ, JUAN C  
STREET ADDRESS 1804 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VSD  
NAME LOZANO, MAGGIE  
STREET ADDRESS 1804 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE TD  
NAME AGUILERA, NANCY  
STREET ADDRESS 1804 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08  
Date

Daytime Phone #