

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000001749

1. Entity Name  
LES JARDINS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
2200 NW 102ND AVE.  
5  
MIAMI, FL 33172 US

Mailing Address  
2200 NW 102ND AVE.  
5  
MIAMI, FL 33172 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08132007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0651973

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPM GROUP, INC.  
2200 NW 102 AVE.  
STE. 5  
MIAMI, FL 33172

FL

Zip Code

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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)

DATE

Amended AR is \$61.25

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

TITLE TD ☐ Delete  
NAME MORALES, LENY  
STREET ADDRESS 8240 NW 10 ST #6  
CITY-ST-ZIP MIAMI, FL 33126

TITLE PD ☐ Delete  
NAME ALCANTARD, LUIS R  
STREET ADDRESS 8260 NW 10TH ST. #7  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VPSD ☐ Delete  
NAME LOPEZ, EDUARDO  
STREET ADDRESS 8260 NW 10TH ST. #2  
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TDSD ☒ Change ☐ Addition  
NAME Morales, Lenny  
STREET ADDRESS 8240 NW 10 St, #6  
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

8/13/07 (305) 444-6757

Date Daytime Phone #

FILED

07 AUG 17 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

