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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004469 (9)

LEJEUNE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES FL 33134
Mailing Address: 717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 08/07/1997
4. FEI Number: Applied for

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent: FABRE, FRANK R, 717 PONCE DE LEON BLVD. STE. 234, CORAL GABLES FL 33134
10. Name and Address of New Registered Agent (81-85) details.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE:

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include officer details like Name, Title, Street Address, City-ST-ZIP, and checkboxes for Change/Addition/Delete.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath...

SIGNATURE: [Signature] D 4/23/98 (304) 446-3266
Signature and typed or printed name of signing officer or director: Frank R. S. Fabre
Date: 4/23/98 (304) 446-3266
Daytime Phone: 0027009

CR2E037 (10/97)