

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 JAN 29 AM 10:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N97000004469

1. Corporation Name 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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/07/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0887030
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FABRE, FRANK R 717 PONCE DE LEON BLVD. STE. 234 CORAL GABLES FL 33134		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
			85 Zip Code

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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, RUFINO R	1.2 NAME	
STREET ADDRESS	13156 S.W. 15TH LANE	1.3 STREET ADDRESS	300002766333--2
CITY-ST-ZIP	MIAMI FL 33184	1.4 CITY-ST-ZIP	-02/05/99--01096--021
TITLE	DV	2.1 TITLE	*****70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDEZ, MIRELLA	2.2 NAME	
STREET ADDRESS	13156 S.W. 15TH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	2.4 CITY-ST-ZIP	
TITLE	DAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABRE, FRANK R.S.	3.2 NAME	
STREET ADDRESS	717 PONCE DE LEON BLVD. STE. 234	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rufino R Mendez 1-13-99 Date Daytime Phone #

002771

CR2E037 (11/98)