

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000007026

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** LTR EXQUISITE SHOPPES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1018-1090 SW BAYSHORE BLVD.  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

1018 SW BAYSHORE BLVD  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 65-0815473

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVITTO, GIUSEPPE  
1018 SW BAYSHORE BLVD  
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: AVITTO, GIUSEPPE  
Address: 1018 SW BAYSHORE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VPD  
Name: KANE, LINDA R  
Address: 1090 SW BAYSHORE BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S/T  
Name: TURS-IVITTO, CECILIA  
Address: 1018 SW BAYSHORE BLVD  
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GIUSEPPE AVITTO

DP

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date