


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90173 022 \*\*\*\*61.25

<b>DOCUMENT # 738645</b> 1. Entity Name <b>LEJEUNE HOUSE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>300 ARAGON AVE 210 CORAL GABLES, FL 33134</b>			Mailing Address <b>300 ARAGON AVE 210 CORAL GABLES, FL 33134</b>		
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		
6. Name and Address of Current Registered Agent  <b>GABLES PROFESSIONAL MANAGEMENT 300 ARAGON AVE 210 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BUTTARD, EDUARDO O</b> <input type="checkbox"/> Delete <b>300 N. W. 42 AVENUE #202 MIAMI, FL 33126</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PEREZ, JOSE</b> <input type="checkbox"/> Delete <b>300 NW 42 AVE 812 MIAMI, FL 33126</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ENNIS, GONZALEZ</b> <input checked="" type="checkbox"/> Delete <b>300 NW 42 AVE 412 MIAMI, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BAEZ, ALBERTO R.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>300 NW 42 Ave. #109 Miami, FL 33126</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT MACDONALD, DONALD</b> <input type="checkbox"/> Delete <b>300 NW 42ND AVE # 612 MIAMI, FL 33126</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DESANTIE, JOSEPH</b> <input type="checkbox"/> Delete <b>300 NW 42 AVE 211 MIAMI, FL 33126</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/28/07</b> Daytime Phone # <b>305 441-0904</b>		