# 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

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

City-State-Zip: MIAMI FL 33166

	Title	TREASURER, DIRECTOR	Title	PRESIDENT, DIRECTOR
	Name	BARON, MAYDA C.	Name	HERNANDEZ, NEIL
	Address	P.O. BOX 668083	Address	P.O. BOX 668083
	City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166
	Title	DIRECTOR, SECRETARY		
	Name	PERNAS, JULIO		
	Address	P.O. BOX 668083		

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 above, or on an attachment with all other like empowered. 02/02/2021

SIGNATURE: NEIL HERNANDEZ

# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 720929**

Entity Name: LEJEUNE MANOR CONDOMINIUM ASSOCIATION, INC.

#### **Current Principal Place of Business:**

1201 SW 42ND AVENUE MIAMI, FL 33134

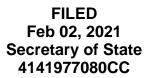
#### **Current Mailing Address:**

C/O TPS MANAGEMENT P.O. BOX 668083 MIAMI, FL 33166 US

## FEI Number: 90-0367179

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A 2699 STIRLING RD STE C-207 FT LAUDERDALE, FL 33312 US



Date

Date