

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738645

Entity Name: LEJEUNE HOUSE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3934 S.W. 8TH STREET
SUITE 303
CORAL GABLES, FL 33134**Current Mailing Address:**3934 S.W. 8TH STREET
SUITE 303
CORAL GABLES, FL 33134**FEI Number:** 59-1807391**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE POSADA, CAROLINE ESQ.
SUN TRUST BUILDING
777 BRICKELL AVENUE SUITE 1114
MIAMI, FL 33131 US*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:** CAROLINE DE POSADA

02/04/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LOINAZ, MIRENTXU
Address	3934 S.W. 8TH STREET SUITE 303
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	PEREZ, JOSE
Address	3934 S.W. 8TH STREET SUITE 303
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	BOTTARO, EDUARDO
Address	3934 S.W. 8TH STREET SUITE 303
City-State-Zip:	CORAL GABLES FL 33134

Title	TREASURER
Name	MUKATI, MERCEDES
Address	3934 S.W. 8TH STREET SUITE 303
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	COMAS, CELIA
Address	3934 S.W. 8TH STREET SUITE 303
City-State-Zip:	CORAL GABLES FL 33134

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: MIRENTXU LOINAZ

PRESIDENT

02/04/2014

Electronic Signature of Signing Officer/Director Detail

Date