

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740893

**Entity Name:** LE JEUNE GARDENS HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 13, 2022**  
**Secretary of State**  
**1784693113CC**

**Current Principal Place of Business:**

1500 NW 89 COURT  
SUITE 202  
DORAL, FL 33172

**Current Mailing Address:**

1500 NW 89 COURT  
SUITE 202  
DORAL, FL 33172 US

**FEI Number: 65-0127240**

**Certificate of Status Desired: No**

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

CARLA, JONES ESQ  
550 NE 124 STREET  
NORTH MIAMI, FL 33161 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T/D  
Name BROWN, CASSANDRA  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title VP/D  
Name STOKES, SYLVIA MS  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title P/D  
Name AMBROSE, MARIO MR  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name GUERRA, JUAN  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title SECRETARY  
Name BROWN, CYNTHIA D  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name HERNANDEZ, MELVIN  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name CELHOMME JEAN, FRANCOIS  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

*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: CASSANDRA BROWN**

**SECRETARY**

**04/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date