

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001423

**Entity Name:** LEJEUNE PLACE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 08, 2020**  
**Secretary of State**  
**8397393067CC**

**Current Principal Place of Business:**

12350 SW 132 COURT  
114  
MIAMI, FL 33186

**Current Mailing Address:**

12350 SW 132 COURT  
114  
MIAMI, FL 33186 US

**FEI Number: 20-2765173**

**Certificate of Status Desired: No**

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

MATTHEW ESTEVEZ, P.A.  
9600 NW 25TH STREET - STE. 2A  
DORAL, FL 33172 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            PRESIDENT  
Name            NUNEZ, NICHOLAS  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title            SECRETARY  
Name            RODRIGUEZ, FRANCISCO  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            SONG, YI  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            GUERRERO, CRISTOPHER  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title            TREASURER  
Name            MARTINEZ, ALBERT  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

*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: NICHOLAS NUNEZ**

**PRESIDENT**

**05/08/2020**

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

\_\_\_\_\_  
Date