

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008816

**Entity Name:** LEJEUNE DOUGLAS COMMERCE CENTER II CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 08, 2024**  
**Secretary of State**  
**9549395659CC**

**Current Principal Place of Business:**

TOWER MANAGEMENT SERVICES, INC  
900 W. 49 ST. 220  
HIALEAH, FL 33012

**Current Mailing Address:**

TOWER MANAGEMENT SERVICES, INC  
900 W. 49 ST. 220  
HIALEAH, FL 33012 US

**FEI Number: 20-2378863**

**Certificate of Status Desired: No**

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

TOWER MANAGEMENT SERVICES, INC.  
TOWER MANAGEMENT SERVICES, INC  
900 W. 49 ST. 220  
HIALEAH, FL 33012 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:** CLEMENTE J. DELATORRE

**03/08/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            BALISTRERI, BALDASSORE  
Address        TOWER MANAGEMENT SERVICES,  
                  INC  
                  900 W. 49 ST. 220  
City-State-Zip: HIALEAH FL 33012

Title            VP  
Name            SOSA, JAVIER  
Address        TOWER MANAGEMENT SERVICES,  
                  INC  
                  900 W. 49 ST. 220  
City-State-Zip: HIALEAH FL 33012

Title            T  
Name            GUANCHE, MIKE  
Address        TOWER MANAGEMENT SERVICES,  
                  INC  
                  900 W. 49 ST. 220  
City-State-Zip: HIALEAH FL 33012

Title            S  
Name            LOPEZ, ONEL  
Address        TOWER MANAGEMENT SERVICES,  
                  INC  
                  900 W. 49 ST. 220  
City-State-Zip: HIALEAH FL 33012

*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:** JAVIER SOSA

**DIRECTOR**

**03/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date