

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005019

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

**FILED**  
**Mar 07, 2013**  
**Secretary of State**  
**CC3294518434**

**Current Principal Place of Business:**

C/O GUARANTEE MANAGEMENT SERVICES  
6925 N.W. 42ND STREET  
MIAMI, FL 33166

**Current Mailing Address:**

C/O GUARANTEE MANAGEMENT SERVICES  
6925 N.W. 42ND STREET  
MIAMI, FL 33166

**FEI Number: 56-2529322**

**Certificate of Status Desired: No**

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

FEIN, STEVEN A. ESQ.  
900 SW 40TH AVE  
PLANTATION, FL 33317 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:** STEVEN A. FEIN

**03/07/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CARMONA, NATALY  
Address 6925 NW 42ND ST  
City-State-Zip: MIAMI FL 33166

Title VPD  
Name COLUNGA, RAFAEL  
Address 6925 NW 42ND ST  
City-State-Zip: MIAMI FL 33166

Title TD  
Name SUARES, JESSE  
Address 6925 NW 42ND ST  
City-State-Zip: MIAMI FL 33166

Title D  
Name SOWINSKI, ANGELA  
Address 6925 NW 42ND ST  
City-State-Zip: MIAMI FL 33166

*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:** NATALY CARMONA

**PRESIDENT**

**03/07/2013**

Electronic Signature of Signing Officer/Director Detail

Date