2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005019

Entity Name: LEJEUNE PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 05, 2022
Secretary of State
3366389398CC

Current Principal Place of Business:

C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109

DORAL, FL 33166

Current Mailing Address:

C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109 DORAL, FL 33166 US

FEI Number: 56-2529322 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARRERO, RAYMOND PA 9771 S. DIXIE HWY PINECREST, FL 33156 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: RAYMOND CARRERO 01/05/2022

Electronic Signature of Registered Agent

Officer/Director Detail :

Title PRESIDENT Title VP

Name SUAREZ, JESSE Name LEON, EDUARDO

Address C/O GUARANTEE MANAGEMENT Address C/O GUARANTEE MANAGEMENT

SERVICES SERVICES

3785 NW 82ND AVENUE 109 3785 NW 82ND AVENUE 109

City-State-Zip: DORAL FL 33166 City-State-Zip: DORAL FL 33166

 Title
 TREASURER
 Title
 SECRETARY

 Name
 DE TOFFOLI, OSCAR JR.
 Name
 PINO, OLGA

Address C/O GUARANTEE MANAGEMENT Address C/O GUARANTEE MANAGEMENT

SERVICES SERVICES

3785 NW 82ND AVENUE 109 3785 NW 82ND AVENUE 109

City-State-Zip: DORAL FL 33166 City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name REAL, RAMON

Address C/O GUARANTEE MANAGEMENT

SERVICES

3785 NW 82ND AVENUE 109

City-State-Zip: DORAL 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: JESSE SUAREZ PRESIDENT 01/05/2022

Date