2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2024
Secretary of State
5781037669CC

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Entity Name: LEJEUNE PLAZA CONDOMINIUM ASSOCIATION, INC.

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 01/18/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	SUAREZ, JESSE	Name	LEON, EDUARDO
Address	C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109	Address	C/O GUARANTEE MANAGEMENT SERVICES 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 SERVICES 3785 NW 82ND AVENUE 109	Address	C/O GUARANTEE MANAGEMENT SERVICES 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 01/18/2024

Electronic Signature of Signing Officer/Director Detail — Date