

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005019

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:**THE MELONI LAW FIRM
1701 NE 164TH STREET
STE 303
NORTH MIAMI BEACH, FL 33162 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:** EDOARDO MELONI

02/18/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SUAREZ, JESSE
Address	C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109
City-State-Zip:	DORAL FL 33166

Title	VP
Name	LEON, EDUARDO
Address	C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109
City-State-Zip:	DORAL FL 33166

Title	TREASURER
Name	DE TOFFOLI, OSCAR JR.
Address	C/O GUARANTEE MANAGEMENT SERVICES 3785 NW 82ND AVENUE 109
City-State-Zip:	DORAL FL 33166

Title	SECRETARY
Name	PINO, OLGA
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

02/18/2021

Electronic Signature of Signing Officer/Director Detail

Date