

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005019

**FILED**  
**Jan 16, 2019**  
**Secretary of State**  
**6714099572CC**

**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  
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:** EDOARDO MELONI

01/16/2019

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

Title            DIRECTOR  
Name            DELBEAU, MERCEDES  
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**

01/16/2019

Electronic Signature of Signing Officer/Director Detail

Date