

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20849

**FILED**  
**Jan 25, 2022**  
**Secretary of State**  
**9508739258CC**

**Entity Name:** LE JARDIN COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

311 NE 8TH STREET  
SUITE 203  
HOMESTEAD, FL 33030

**Current Mailing Address:**

311 NE 8TH STREET  
SUITE 203  
HOMESTEAD, FL 33030 US

**FEI Number: 59-2810036**

**Certificate of Status Desired: Yes**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name APONTE, VIRGINIA  
Address 657 SE 22 DRIVE  
City-State-Zip: HOMESTEAD FL 33033

Title EXECUTIVE DIRECTOR  
Name BERRONES, EDUARDO  
Address 311 NE 8TH STREET  
SUITE 203  
City-State-Zip: HOMESTEAD FL 33030

Title BOARD MEMBER  
Name MCALLISTER, EUGENE  
Address 19411 SW 308TH STREET  
City-State-Zip: HOMESTEAD FL 33030

Title CFO  
Name MARTINEZ, AUDELIA  
Address 311 NE 8TH STREET  
SUITE 203  
City-State-Zip: HOMESTEAD FL 33030

Title BOARD MEMBER  
Name GERARDIN, KARIN  
Address 211 N. KROME AVENUE  
City-State-Zip: HOMESTEAD FL 33030

Title VC, TREASURER  
Name OLIVERA, MARIA-ISABEL  
Address 220 ALHAMBRA CIRCLE  
City-State-Zip: CORAL GABLES FL 33134

Title CHAIRMAN  
Name MOORE, CHRISTINE  
Address 9840 SW 72 STREET  
City-State-Zip: MIAMI FL 33173

Title BOARD MEMBER  
Name LYNCH, JACQUELINE  
Address 4286 FOXTAIL LANE  
City-State-Zip: WESTON FL 33331

**Continues on page 2**

*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: AUDELIA MARTINEZ**

**CFO**

**01/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name GOLDIN, DEANA  
Address 14550 SW 84TH COURT  
City-State-Zip: PALMETTO BAY FL 33158

Title BOARD MEMBER  
Name LYLE, CINDY  
Address 29725 SW 166TH COURT  
City-State-Zip: HOMESTEAD FL 33033

Title BOARD MEMBER  
Name USQUELIS, PAOLA  
Address 8925 SW 148TH STREET  
SUITE 200  
City-State-Zip: MIAMI FL 33176