2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004943

1. Entity Name
SAN FRANCISCO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1751 W. 42ND ST. HIALEAH, FL 33012	~~1751 W. 42ND ST.~~ 6870 BAMBOO ST ~~HIALEAH, FL 33012~~ MIAMI LAKES, FL 33014

03172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1070290
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOBERON, JOSE R
6870 BAMBOO ST.
MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOBERON, JOSE R
STREET ADDRESS	6870 BAMBOO ST.
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	D
NAME	SOBERON, GISELA
STREET ADDRESS	6870 BAMBOO ST.
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	D
NAME	ALBERT, GERVASIO
STREET ADDRESS	900 W. 32ND ST.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UH0000358677
05/04/05-80124-018 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE: Jose R. Soberon 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #