

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009283

FILED
Apr 30, 2009
Secretary of State

Entity Name: LA HACIENDA IN THE GABLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1400 SALZEDO STREET
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1400 SALZEDO STREET
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 55-0837253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARS, GARY M
HYMAN SPECTOR & MARS, LLP
150 WEST FLAGLER STREET
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, TANIA
Address: 1400 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: RODRIGUEZ, BLANCA N
Address: 1400 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: IGLESIAS, RAFAEL
Address: 1400 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: PANIAGUA, SONIA
Address: 1400 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BONILLA, JULIO
Address: 1400 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: SOWERS, PATRICIA
Address: 1400 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: VENEGAS, NORAH
Address: 1400 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: SOWERS, PATRICIA
Address: 1400 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BLANCA RODRIGUEZ

VPD

04/30/2009

Electronic Signature of Signing Officer or Director

Date