

2009 **NOT-FOR-PROFIT CORPORATION**
2009 **ANNUAL REPORT**

DOCUMENT # N22520

1. Entity Name
 VARADERO CONDOMINIUM ASSOCIATION, INC



FILED

09 MAR 13 PM 1:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 1250 W. 26 PL.
 HIALEAH, FL 33010

Mailing Address
 1250 W. 26 PL.
 HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-2844010 Applied F
 Not Appli

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

6. Name and Address of Current Registered Agent

CORRALES, LUCAS F
 1250 WEST 26 PLACE #203
 HIALEAH, FL 33010

**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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORRALES, LUCAS F
STREET ADDRESS	1250 W 26 PLACE #203
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	SD
NAME	CAMPOS, RELMIS
STREET ADDRESS	1250 W 26 PLACE #109
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	TD
NAME	FERNANDEZ, OFELIA A
STREET ADDRESS	1250 WEST 26 PLACE #205
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900145047749
 03/05/09--01024--003 **\$61.25

900145047749
 03/05/09--01024--004 **\$8.75

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Corrales
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-09

Date

Daytime Phone #