


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000005000 1. Entity Name THE HABANA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1308 DREXEL AVENUE MIAMI BEACH FL 33139 US	Mailing Address C/O DEJA VU PROPERTIES P.O BOX 191904 MIAMI FL 33119 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent BARTLETT, SHERRY 6140 SW 45 ST MIAMI FL 33155	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 65-0621232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____


(NOTE: Registered Agent signature required when re-appointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> Delete
NAME	TOME, LILIA
STREET ADDRESS	1308 DREXEL AVE., #304
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	PD <input type="checkbox"/> Delete
NAME	GAGLIANO, JOSEPH R JR.
STREET ADDRESS	10 WASHINGTON ST
CITY-ST-ZIP	HICKSVILLE NY 11801
TITLE	VPD <input type="checkbox"/> Delete
NAME	HORTON, ROBERT
STREET ADDRESS	1717 N BAYSHORE DR., #3855
CITY-ST-ZIP	MIAMI FL 33132
TITLE	TD <input type="checkbox"/> Delete
NAME	BEHRENS, TORSTEN
STREET ADDRESS	2433 KINGS ARMS DRIVE
CITY-ST-ZIP	ATLANTA GA 30345
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U0000000021297
CITY-ST-ZIP	02/19/08-80018-015 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:  **JOSEPH GAGLIANO JR. 2-6-08**