

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005000

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE HABANA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1308 DREXEL AVENUE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O DEJA VU PROPERTIES
P.O BOX 191904
MIAMI, FL 33119 US

New Mailing Address:

C/O DEJA VU PROPERTIES
P.O BOX 191904
MIAMI BEACH, FL 33119 US

FEI Number: 65-0621232 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTLETT, SHERRY
6140 SW 45 ST
MIAMI, FL 33155 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: SD () Delete
Name: TOME, LILIA
Address: 1308 DREXEL AVE., #304
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: GAGLIANO, JOSEPH R JR.
Address: 10 WASHINGTON ST
City-St-Zip: HICKSVILLE, NY 11801

Title: VPD () Delete
Name: HORTON, ROBERT
Address: 1717 N BAYSHORE DR., #3855
City-St-Zip: MIAMI, FL 33132

Title: TD () Delete
Name: BEHRENS, TORSTEN
Address: 2433 KINGS ARMS DRIVE
City-St-Zip: ATLANTA, GA 30345

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: () 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: JOSEPHGAGLIANO,JR.

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date