

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002662

**Entity Name:** LANCASTER CONDOMINIUM ASSOCIATION OF HIALEAH, INC.

**FILED**  
**Apr 26, 2024**  
**Secretary of State**  
**3420309826CC**

**Current Principal Place of Business:**

6950 WEST 6TH AVENUE  
HIALEAH, FL 33014

**Current Mailing Address:**

1500 NW 89 COURT  
SUITE 202  
DORAL, FL 33172 US

**FEI Number:** 20-4865339

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EISINGER, DENNIS  
4000 HOLLYWOOD BLVD.  
SUITE 265-S  
HOLLYWOOD, FL 33021 US

*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

**Officer/Director Detail :**

Title P/D  
Name NICOLAS, ANA  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title TREASURER  
Name GARCIA, BRUDY  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title SECRETARY  
Name ROMAN, ARIEL  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

*I hereby 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 all other like empowered.*

**SIGNATURE:** NICOLAS , ANA

**PRESIDENT**

**04/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date