

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006235

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC8292016015**

**Entity Name:** EMPYREAN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1474-A WEST 84TH STREET  
HIALEAH, FL 33014

**Current Mailing Address:**

1474-A WEST 84TH STREET  
HIALEAH, FL 33014

**FEI Number: 26-0158953**

**Certificate of Status Desired: No**

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

L. MICHAEL OSMAN  
1474-A WEST 84TH STREET  
HIALEAH, FL 33014 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 PD  
Name OSMAN, CRAIG A  
Address 1474-A WEST 84TH STREET  
City-State-Zip: HIALEAH FL 33014

Title VSD  
Name L. MICHAEL OSMAN  
Address 1474-A WEST 84TH STREET  
City-State-Zip: HIALEAH FL 33014

Title T ASD  
Name OSMAN, MENE S  
Address 1474-A WEST 84TH STREET  
City-State-Zip: HIALEAH FL 33014

*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: L. MICHAEL OSMAN**

**VP**

**05/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date