

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009283

**FILED**  
**Jan 26, 2023**  
**Secretary of State**  
**1815014191CC**

**Entity Name:** LA HACIENDA IN THE GABLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1400 SALZEDO STREET  
UNIT 601  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1400 SALZEDO STREET  
UNIT 601  
CORAL GABLES, FL 33134 US

**FEI Number: 55-0837253**

**Certificate of Status Desired: No**

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

LA HACIENDA IN THE GABLES CONDOMINIUM  
1400 SALZEDO STREET  
UNIT 601  
CORAL GABLES, FL 33134 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:** CHRISTIAN PUNCHIN

01/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BONILLA , JULIO  
Address        1400 SALZEDO STREET  
                  UNIT 601  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            CONTRERAS, PATRICIA  
Address        1400 SALZEDO STREET  
                  UNIT 601  
City-State-Zip: CORAL GABLES FL 33134

Title            TREASURER  
Name            MAYANDIA, CATHERINE  
Address        1400 SALZEDO STREET  
                  UNIT 601  
City-State-Zip: CORAL GABLES FL 33134

Title            SECRETARY  
Name            PINZON, LINA  
Address        1400 SALZEDO STREET  
                  UNIT 601  
City-State-Zip: CORAL GABLES FL 33134

Title            DIRECTOR  
Name            TANCA, ANA M  
Address        1400 SALZEDO STREET  
                  UNIT 601  
City-State-Zip: CORAL GABLES FL 33134

*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:** JULIO BONILLA

**PRESIDENT**

01/26/2023

Electronic Signature of Signing Officer/Director Detail

Date