

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 722296

1. Entity Name
GARSAN CONDOMINIUMS, INC.



Principal Place of Business

**900 W 49TH STREET
220
HIALEAH, FL 33012**

Mailing Address

**900 W 49TH STREET
220
HIALEAH, FL 33012 US**



04262004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1776532

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DELATORRE, CLEMENTE J
900 W 49TH STREET
STE 220
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/2004
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000158295

05/07/04-80016-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCO, ALBA 900 W. 49 ST. 220 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, GLORIA L 900 W. 49 ST. STE. 200 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEGOVIA, MARIA C 900 W. 49 ST. STE. 220 HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2004
Date

305-884-6332
Daytime Phone #