FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

FILED						
Feb 04 1998 8:00am						
Secretary of State						

CASA DEL SOL CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business Mailing Address					·	A BARTIL INDER TIONE TETAN INDER TOTAL OTHER BOOK BOOK BOOK OF BUILD OF BUILDING CONTRACT	
1750 W. 46TH ST. 1750 W. 46TH ST.					ŀ	3. Date Incorporated or Qualified	
SUITE 546 SUITE 546 HIALEAH FL 33012 HIALEAH FL 33012					-	02/18/1974	
US US					ſ	4. FEI Number Applied For	
Principal Place of Business						59-1560240 Not Applicable	
2. Philipal P	ace of equiness	2a. Mailing Address 26				5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt, #, etc.				6. Election Campaign Financing \$5.00 May Be	
City & Stat	a	City & State				Trust Fund Contribution Added to Fees	
23		28				7. Is this nonprofit corporation a homeowners association? Yes No	
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible	
24	25	29 3	0			Personal Property Tax due June 30. 🔲 Yes 🔲 No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent	
			٤	31 1	Name		
	, CARLOS		Ē	32	Street Addres	ss (P.O. Box Number is Not Acceptable)	
1750 W. APT, 321	46TH ST.		8	33			
3	FL 33012						
	, , , , , , , , , , , , , , , , , , , ,		١	34 (City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or printed name of registered ago	ont and title if applicable. (NOTE F	13.	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р	DELETE	1.1 TITL	.E		☐ Change ☐ Addition	
NAME	VALDES, CARLOS		1.2 NAME		Ì		
STREET ADDRESS	1754 W 46TH ST 321		1.3 STREE		DORESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST		ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE			Change Addition	
NAME	DIAZ, ALBERTO		2.2 NAME				
STREET ADDRESS	1750 W 46TH ST 113		2.3 STREET				
CITY-ST-ZIP TITLE	HIALEAH FL SD	DELETE	2. 4 CITY - 5 3.1 TITLE		ZIP	Change Addition	
NAME	Olveira, antonio	C Deterie	3.2 NAME			Grange Radiilon	
STREET ADDRESS	1750 W 46TH ST 406		3.3 STREET		IDRESS		
CITY-ST-ZIP	HIALEHA FL		3.4. CITY - S				
TITLE	RODR	DELETE	4.1 TITLE			Change Addition	
NAME	iguez, osvaldo		4, 2 NAME				
STREET ADDRESS	1750 W 46TH ST 517		4,3 STREET A		DRESS		
CITY - ST - ZIP	HIALEAH FL		4.4 CITY - ST - ZIP		ZIP		
TITLE	D	L DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME	SANCHEZ, JOSE L		5.2 NAME				
STREET ADDRESS	1750 W 46TH ST 442		5.3 STREET ADDRESS		ſ		
CITY-ST-ZIP TITLE	HIALEAH FL	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		ur	Change Addition	
NAME			6.1 TITLE 6.2 NAME				
STREET ADDRESS			6.3 STRE		IDBESS		
CMY-ST-ZIP			6.4 CITY		l	j	
	certify that the information supplied w	ith this filing does not qualify by				ection 119.07(3)(i), Florida Statutes. I further certify that the information	

id that my signature shall have the same legal effect as if made under oath; that I am an this peport as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

1-8-58 365-6859505