FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733418 (8)

1. Corporation Name

HALF MOON TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5055 NW 7TH STREET MIAMI FL 33126	5055 NW 7TH STREET MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1975
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1693428 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REY, ADA
5055 NW 7TH ST #203
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Angel Chavez
82 Street Address (P.O. Box Number is Not Acceptable): 5055 NW 7th Street, #906
83 Miami, FL 33126
84 City: Miami FL
85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 4/08/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P.	☒ Change ☐ Addition
NAME	REY, ADA	1.2 NAME	ANGEL CHAVEZ	
STREET ADDRESS	5055 NW 7TH ST 203	1.3 STREET ADDRESS	5055 NW 7 ST, 906	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	HORSTMAN, MARIA	2.2 NAME	JULIE POLANCO	
STREET ADDRESS	5055 NW 7TH ST 1013	2.3 STREET ADDRESS	5055 NW 7 ST, 1009	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	MELLADO, MARY	3.2 NAME		
STREET ADDRESS	5055 NW 7TH ST 204	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T.	☒ Change ☐ Addition
NAME	HORSTMAN, MARIA	4.2 NAME	EUGENIO DERIBEAUX	
STREET ADDRESS	5055 NW 7TH ST 1107	4.3 STREET ADDRESS	5055 NW 7 ST, 510	
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	NAVIA, FRANK	5.2 NAME	MATTEN, GERALD	
STREET ADDRESS	5055 NW 7TH ST 1006	5.3 STREET ADDRESS	10531 SW159 Ct.	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DE LA FUENTE, ESTHER	6.2 NAME	LEONOR ROMERO	
STREET ADDRESS	5055 NW 7TH 609	6.3 STREET ADDRESS	5055 NW 7 ST, 210	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL 33126	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Treas. 3/24/95 (305)446-6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Addition 733418

D
RODRIGUEZ, GISELA
5055 NW 7 ST, 803
MIAMI, FL 33126

D
PAREDES, MODESTO
5055 NW 7 ST, 712
MIAMI, FL 33126