

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified 07/29/1975	3a. Date of Last Report 04/21/1995
4. FEI Number 59-1693428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**ANGEL CHAVEZ
5055 NW 7TH STREET, #906
MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name Rolando Castro
82 Street Address (P.O. Box Number is Not Acceptable) 5055 NW 7th Street, #1109
83
84 City Miami
85 Zip Code FL 33126

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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **(ROLANDO CASTRO, PRESIDENT)**

2/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANGEL CHAVEZ		1.2 NAME Rolando Castro	
STREET ADDRESS 5055 NW 7 ST, 906		1.3 STREET ADDRESS 5055 NW 7 Street, #1109	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, FL 33126	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JULIE POLANCO		2.2 NAME	
STREET ADDRESS 5055 NW 7TH ST, 1009		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EUGENIO DERIBEAUX		4.2 NAME	
STREET ADDRESS 5055 NW 7TH ST, 510		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATTEN, GERALD		5.2 NAME Gisela Rodriguez	
STREET ADDRESS 10531 SW159 CT.		5.3 STREET ADDRESS 5055 NW 7 Street, #803	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP Miami, FL 33126	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEONOR ROMERO		6.2 NAME	
STREET ADDRESS 5055 NW 7 ST, 210		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		6.4 CITY-ST-ZIP	

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]* **(ROLANDO CASTRO, PRESIDENT)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (12/95)