

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 5055 NW 7TH STREET
MIAMI FL 33126 MIAMI FL 33126

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

3. Date Incorporated or Qualified
07/29/1975

4. FEI Number 59-1693428
Applied For Not Applicable

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CASTRO, ROLANDO
5055 NW 7TH STREET
1109
MIAMI FL 22126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME CASTRO, ROLANDO
STREET ADDRESS 5055 NW 7TH STREET, # 1109
CITY-ST-ZIP MIAMI FL
TITLE V ☐ DELETE
NAME JULIE POLANCO
STREET ADDRESS 5055 NW 7TH ST, 1009
CITY-ST-ZIP MIAMI FL
TITLE S ☐ DELETE
NAME MELLADO, MARY
STREET ADDRESS 5055 NW 7TH ST 204
CITY-ST-ZIP MIAMI FL
TITLE T ☐ DELETE
NAME EUGENIO DERIBEAUX
STREET ADDRESS 5055 NW 7TH ST, 510
CITY-ST-ZIP MIAMI FL
TITLE D ☐ DELETE
NAME RODRIGUEZ, GISELA
STREET ADDRESS 5055 NW 7TH STREET, # 803
CITY-ST-ZIP MIAMI FL
TITLE D ☐ DELETE
NAME LEONOR ROMERO
STREET ADDRESS 5055 NW 7 ST, 210
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY
1/5/98 (305) 446-6494
Date Daytime Phone #

FILED
Jan 21 1998 8:00am
Secretary of State



CR2E037 (10/97)