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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90066 011 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 733418**

1. Corporation Name  
**HALF MOON TOWERS CONDOMINIUM ASSOCIATION, INC.**

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

Mailing Address  
 5055 NW 7TH STREET  
 MIAMI FL 33126



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/29/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1693428	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
CASTRO, ROLANDO 5055 NW 7TH STREET # 1109 MIAMI FL 22126				81	Name			JULIE POLANCO
				82	Street Address (P.O. Box Number is Not Acceptable)			5055 NW 7th St. #1109
				83	City			MIAMI
				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 JULIA M. POLANCO PRES. DATE 1/10/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, ROLANDO	1.2 NAME	JULIE POLANCO
STREET ADDRESS	5055 NW 7TH STREET, # 1109	1.3 STREET ADDRESS	5055 NW 7th St. #1109
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE POLANCO	2.2 NAME	LEONOR ROMERO
STREET ADDRESS	5055 NW 7TH ST, 1009	2.3 STREET ADDRESS	5055 NW 7th St #104
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL
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 type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, GISELA	5.2 NAME	
STREET ADDRESS	5055 NW 7TH STREET, # 803	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONOR ROMERO	6.2 NAME	MARIA DREIZG
STREET ADDRESS	5055 NW 7 ST, 210	6.3 STREET ADDRESS	5055 NW 7th St. #506
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL

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, with all other like empowered.

SIGNATURE: JULIA M. POLANCO PRES DATE 1/10/99 (305) 444-8276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)