

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 745666

1. Entity Name
**DEER PARK TOWNHOUSES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**DEER PARK TOWNHOUSES
11 OLIVE DR
HIALEAH, FL 33010 US**

Mailing Address
**11 OLIVE DR
P.O. BOX 0
HIALEAH, FL 33010 US**

DO NOT WRITE IN THIS SPACE

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0120319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JIMENEZ, SERGIO
11 OLIVE DR, UNIT J
HIALEAH, FL 33010**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ESPINOSA, LESLIE
STREET ADDRESS 11 OLIVE DRIVE, UNIT K
CITY-ST-ZIP HIALEAH, FL 33010

TITLE VPD
NAME TELLERIA, MAIDOLY
STREET ADDRESS 11 OLIVE DRIVE, UNIT B
CITY-ST-ZIP HIALEAH, FL 33010

TITLE STD
NAME DIAZ, OFELIA
STREET ADDRESS 11 OLIVE DRIVE, UNIT M
CITY-ST-ZIP HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000953815
09/18/08-80001-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie Espinosa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/08 *305888-0427*
Date Daytime Phone #