

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED

08 DEC -9 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05292008 Chg-NP CR2E037 (12/06)

DOCUMENT #751960			
1. Entity Name TEMPO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4301 N.W. S TAMAMI CANAL DR #211 MIAMI, FL 33126		Mailing Address 400 SW 107TH AVE #312 MIAMI, FL 33174 US	
2. Principal Place of Business - No P.O. Box # 7500 NW 25 Street		3. Mailing Address Same	
Suite, Apt. #, etc. 246		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33122	Country USA	Zip	Country
4. FEI Number 59-2033843		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 LOPEZ, ALICIA 4301 N.W. 18TH ST SUITE 211 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name MARIA A. CANEJO Street Address (P.O. Box Number is Not Acceptable) 7500 NW 25 Street # 246 City MIAMI FL Zip Code 33122	
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 <u>Maria A. Canejo</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12/09/08-01024-002-#61.25			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, ALICIA 4301 NW SOUTH TAMAMI CANAL DR#211 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ ALICIA 4301 NW 18TH STREET # 211 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ, ELISA 4265 NW 18 STREET #215 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, HUBERTO 3447 NW 2ND TERRACE MIAMI, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VALMANA, JOSE 945 NW 126 COURT MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD INGUANZO, MARIA 3100 SW 130TH AVENUE MIAMI, FL 33185 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILFREDO, PEREZ 4301 NW 18TH STREET #307 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, WILFREDO 4301 NW 18TH STREET #307 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, RAFAEL 4275 NW 18 STREET #309 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREY, GUILLERMO 8259 N.W. 7 STREET MIAMI, FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>[Signature]</u>		Date 06/12/08 (305) 594-7022	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

 **M.A.C. Management, Inc.**

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December 4, 2008

**Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500**

**RE: TEMPO CONDOMINIUM ASSOCIATION, INC.
DOCUMENT #751960**

Dear Sirs:

On July, 2008, we mailed you the Annual Report form for the above referenced property together with check #1560 in the amount of \$61.25.

Recently, the Association's attorney found out that the Corporation was in inactive status. We reviewed our bank records and the check was never presented for payment.

Enclosed, please find copy of the Report and check #2245 to be filed.

Should you have any questions, please contact us.

Yours truly,



Maria A. Camejo, CAM/AGENT

Enclosures