## 2004-NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT # 752531 1. Entity Name 04-19-2004 90414 016 \*\*\*\*61.25 TIERRA DEL SOL CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 6625 W. 4TH AVENUE 6625 W. 4TH AVENUE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2151806 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, IRMA Street Address (P.O. Box Number is Not Acceptable) 6625 W 4TH AVE 233 HIALEAH FL 33012 Zip Code FI. 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Change Addition ORFILLY, PEDRO NAME NAME 6625 W 4TH AVE APT 230 STREET ADDRESS STREET ADORESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP VPD GQV TITLE TITLE 154 Change ☐ Addition Delete. CRUZ, REYNER NAME Leonel Alonso NAME 6625 W. 4AU. + 204 6625 W 4TH AVE APT 200 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change GONZALEZ, IRMA NAME NAME 6624 W 4TH AVE, APT-233 STREET ADDRESS STREET ADDRESS City-St-7IP HIALEAH FL 33012 CITY-ST-ZIP Delete TITLE Selvetar) Addition TITLE ☐ Change Stella Posada: NAME NAME 66,25 W.4 AV. \$ 110 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

12. Thereby 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 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

**FILED**