

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90083 035 ****61.25

DOCUMENT # 752531	
1. Entity Name TIERRA DEL SOL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6625 W. 4TH AVENUE #238 HIALEAH, FL 33012 US	Mailing Address 6625 W. 4TH AVENUE #238 HIALEAH, FL 33012 US
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50035317



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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02222005 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-2151806	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GONZALEZ, IRMA 6625 W 4TH AVE 233 HIALEAH, FL 33012	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TD OREILLY, PEDRO 6625 W 4TH AVE APT 230 HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
VPD ALONSO, LEONEL 6625 W. 4TH AVE # 204 HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
PSD GONZALEZ, IRMA 6624 W 4TH AVE, APT 233 HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S POSODA, STELLA 6625 W. 4TH AVE # 110 HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: <i>Maria Irma Gonzalez - President.</i>	3/16/05 (305) 8213437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

786-4885166