

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90092 023 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent BARRUETA, FERNANDO 6625 W 4 AVE APT 224 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	
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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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP TD OREILLY, PEDRO 6625 W 4TH AVE APT 230 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP _____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP VPD ALONSO, LEONEL 6625 W. 4TH AVE # 204 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP _____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP PSD BARRUETA, FERNANDO 6625 W 4TH AVE, APT 224 HIALEAH FL 33012	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP MR Elena Rodriguez 6625 W 4th Ave # 105 Hialeah FL 33012	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP S OLIVEROS, MARISELA 6625 W. 4TH AVE #205 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP _____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP _____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP _____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP _____ _____ _____	☐ Delete	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 exemptions contained in Section 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: *F. Barrueta* X **2-2-07 305-694-1036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #