2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

DOCUMENT #752531 1. Entity Name TIERRA DEL SOL CONDOMINIUM ASSOCIATION, INC.							(02-06-2008	90026 00	8 ****61.2	25	
				Mailing Address 6625 W. 4TH AVENUE				,				
#238			#23	#238				66004089				
HIALEAH, FL	33012	US	HIAL	EAH, FL 33012	US							
2. Principal P	lace of Busir	ness - No P.O. Box #	3. Mai	ling Address								
Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.				03132008	Chg-NP	CR2E0	37 (12/06)	- .
City & State			Ci	City & State				4. FEI Number 59-2151	806			plied For t Applicable
Zip		Country	Zij)	Cou	untry		5. Certificate of	Status Desired	.	\$8.75 Add Fee Required	
	6. Name	and Address of Cu	ırrent Registere	ed Agent			\	7. Name and A	ddress of Nev	v Registered	Agent	
BARRUETA, FERNANDO 6625 W 4 AVE Street Addre					I Q C	ss (P.O. Box Number is Not Acceptable)						
APT 224 HIALEAH,	EL 33013	>				100	75	10.44	·Ave:	#103		
***************************************		_				City L	101	eah	710-0.7	FI	Zip Code	ر الارا ا
		y submits this staten	nent for the purp	ose of changing its	register	ed office or i	/ 7 Y	• •	, in the State of	Florida. I am	familiar with,	and accept
signature.	ions of regis	acred agent. ACQ U.C. (7) to printed name of registers	VE TA	TMARCO		ed Agent signatur	re required	when reinstating)		03/13	3/08-	
itt.		ne is \$61.25 Nay 1, 2008		9. Election Can Trust Fund C			/	\$5.00 May Be Added to Fees	F		k payable to	
10.		OFFICERS A	ND DIRECTORS		11.		A	ADDITIONS/CHAI	NGES TO OFFI	CERS AND D	IRECTORS IN	10
TITLE NAME	P	O, JACQUELINE		☐ Delete	TITL						Change	Addition
STREET ADDRESS CITY-ST-ZIP	6625 WE	ST 4TH AVE UNIT FL 33012	Г#103		STRI	EET ADORESS (-ST-ZIP						
TITLE	T			☐ Delete	TITL						☐ Change	Addition
NAME GONZALEZ, MERCEDEZ STREET ADDRESS 6625 WEST 4TH AVE UNIT #107			Γ#107			eet address						
CITY-ST-ZIP	HIALEAH, FL 33012					r-ST-ZIP						
TITLE NAME	VPM RODRIGI	UEZ, MARIA E		☐ Delete	TITE NAM	1					☐ Change	Addition
STREET ADDRESS	ET ADDRESS 6625 W 4TH AVE #105					EET ADORESS (-ST-ZIP						
CITY-ST-ZIP TITLE	S	, FL 33012		☐ Delete	TITL						☐ Change	☐ Addition
NAME	OLIVERO	S, MARISELA			NAN	Æ					_	
STREET ADDRESS CITY-ST-ZIP	1	4TH AVE #205 I, FL 33012				EET ADDRESS Y-ST-ZIP						
TITLE				☐ Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS					NAM STR	EET ADDRESS						
CITY-ST-ZIP					i cin	Y-ST-ZIP						
title Name				Delete	TITL					•	☐ Change	☐ Addition
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP	certify that th	e information out of	ad with this filing	does not qualify to		r-ST-ZIP	ntained	Lin Chanter 110	Florida Statute	s. I further ce	rtify that the in	tormation
of the cor	rporation or t	te information supplied or supplied or supplemental referenceiver or trusted achment with an ad-	e empowered to	execute this report	as requ	ired by Char	pter 61 / مم	/, Florida Statutes	as if made und and that my n	ler oath; that l ame appears	am an officer in Block 10 of	or director r Block 11 if
SIGNAT	نز:URE	<u> </u>	1,1	Jag	ueli	ne la	ama	argo 0	<u>3/13/(</u>) <i>B</i>	Clauding Phase #	
	/	SIGNATURE AND TYPE	PED OR PRINTED NA	ME OF SIGNING OFFICER	UR DIREC	TOR		J	/ Date		Daytima Phone #	

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/6/2008-90026-008-\$61.25-\$61.25

1. Entity Nam	MENT #752531 DEL SOL CONDOMINIUM A	SSOCIATION, INC.	ATTACHMENT								
Principal Place 6625 W. 4TH #238 HIALEAH, FL	I AVENUE	Mailing Address 6625 W. 4TH AVENUE #238 HIALEAH, FL 33012 US			66004089						
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address) WWV	UTU	0-1	أقه			
Suite, Apt.		Suite, Apt. #, etc.			Chg-NP	CR2E037 (12/06)					
City & State		City & State			4. FEI Number Applied For 59-2151806 Not Applicable						
—Zip —	Country	Zip Country			5. Certificate of Status Desired						
	6. Name and Address of Current F	Registered Agent		Name	7. Name and Address of New Registered Agent						
BARRUETA, FERNANDO 6625 W 4 AVE APT 224				Street Address (P.O. Box Number is Not Auceptable)							
HIALEAH,	FL 33012				W. 4.76	Ave. #	103				
	^			civ Hial	eah		FL 3989	ا ۔2 ا			
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 beary of registered agent a	art specifies and both specifies in the brightness of the brightne	Registered	Agent signature required	s when reinstating)		1/31/08 JOATE	<u> </u>			
											
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees	Flo	lake check payable t rida Department of S	c tate			
10.	OFFICERS AND DIR		11,		ADDITIONS/CHAN	GES TO OFFICE	AS AND DIRECTORS IN	10			
TITLE	P TAMABOO MOONELINE	Delete	TITLE				☐ Change	☐ AddiiJon			
NAME STREET ADDRESS	TAMARGO, JACQUELINE 6625 WEST 4TH AVE UNIT #103		NAME	T ADDRESS				1			
CITY-51-Z2P	HIALEAH, FL 33012			ST · ZIP				- 1			
TITLE	T _.	☐ Delete	TITLE				☐ Change	☐ Addition			
NAME	GONZALEZ, MERCEDEZ		NAME)							
STREET ADDRESS CITY-ST-ZIP	6625 WEST 4TH AVE UNIT #107 HIALEAH, FL 33012			T ADDRESS ST- DP				ļ			
TITLE	VPM	Delete	TITLE	 -			☐ Change	Addition			
XAME	RODRIGUEZ, MARIA E		NAME			_	_				
_STREET ACCRESS. CITY-SI-ZIP	6625,W.4TH AVE #105		-	T ADDRESS							
TILE	S	☐ Delete	TITLE	-			☐ Change	Addition			
NAME	OLIVEROS, MARISELA	<u> </u>	NAME								
STREET ADDRESS	6625 W, 4TH AVE #205			T ADDRESS							
CITY-ST-ZIP	HIALEAH, FL 33012		-	\$1-ZP							
TITLE	•	☐ Delete	TITLE				☐ Clunge	☐ Addition			
STREET ADDRESS			STREE	T ADDRESS				Ì			
CITY-ST-ZIP			CTY :	ST- ZIP			.				
TITLE		Delete	TIPLE				☐ Change	Addition			
NAME STREET ADDRESS			NAME STREE	T ADDRESS							
CITY-ST-ZIP				S1-21P							
12. I hereby certify that the information supplied with this filling 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 certify 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:											