

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-06-2008 90026 008 ****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 # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2151806	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 <u>Jacqueline Tamargo</u> Street Address (P.O. Box Number is Not Acceptable) <u>6625 W. 4th Ave. #103.</u> City <u>Hialeah</u> FL Zip Code <u>33012</u>	
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>Jacqueline Tamargo</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>03/13/08</u>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	P TAMARGO, JACQUELINE 6625 WEST 4TH AVE UNIT #103 HIALEAH, FL 33012		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, MERCEDEZ 6625 WEST 4TH AVE UNIT #107 HIALEAH, FL 33012		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM RODRIGUEZ, MARIA E 6625 W 4TH AVE #105 HIALEAH, FL 33012		☐ Delete		
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	(Empty)		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		☐ Delete		
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>Jacqueline Tamargo</u> <u>03/13/08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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

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Principal Place of Business 6625 W. 4TH AVENUE #238 HIALEAH, FL 33012 US		Mailing Address 6625 W. 4TH AVENUE #238 HIALEAH, FL 33012 US		66004089	
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		01222008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2151806		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 Jacqueline Tamargo Street Address (P.O. Box Number is Not Acceptable) 6625 W. 4th Ave. #103 City Hialeah FL Zip Code 33012			
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 _____ DATE 1/31/08 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					