

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 755003

1. Entity Name  
THE TANGERINES CONDOMINIUM ASSOCIATION, INC.



**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

6735 SW 137 CT  
UNIT B  
MIAMI, FL 33183

Mailing Address

12460 SW 8TH STREET  
SUITE 202  
MIAMI, FL 33184



07082008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0820151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORAN, TAMARA  
MORAN AND ASSOC.  
12460 SW 8TH STREET, 202  
MIAMI, FL 33183

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MUNOZ, JUAN  
STREET ADDRESS 6735 SW 137TH CT., A  
CITY-ST-ZIP MIAMI, FL 33183

TITLE STD  
NAME HOYOS, CAROLINA A  
STREET ADDRESS 6705 B SW 137 CT  
CITY-ST-ZIP MIAMI, FL 33183

TITLE TD  
NAME USHINAHUA, LORI  
STREET ADDRESS 6705 SW 137TH CT., A  
CITY-ST-ZIP MIAMI, FL 33183

TITLE D  
NAME MARTINEZ, DAYAMI  
STREET ADDRESS 6725 SW 137TH CT., C  
CITY-ST-ZIP MIAMI, FL 33183

TITLE D  
NAME GALVEZ, MARIELA  
STREET ADDRESS 6735 SW 137TH CT., C  
CITY-ST-ZIP MIAMI, FL 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000957103  
08/04/08-80009-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08  
Date

Daytime Phone #