

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755003

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** THE TANGERINES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6735 SW 137 CT  
UNIT B  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

12460 SW 8TH STREET  
SUITE 202  
MIAMI, FL 33184

**New Mailing Address:**

**FEI Number:** 65-0820151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MUNOZ, JUAN  
Address: 6735 SW 137TH CT., A  
City-St-Zip: MIAMI, FL 33183

Title: STD ( ) Delete  
Name: HOYOS, CAROLINA A  
Address: 6705 B SW 137 CT  
City-St-Zip: MIAMI, FL 33183

Title: TD ( ) Delete  
Name: USHINAHUA, LORI  
Address: 6705 SW 137TH CT., A  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: MARTINEZ, DAYAMI  
Address: 6725 SW 137TH CT., C  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: GALVEZ, MARIELA  
Address: 6735 SW 137TH CT., C  
City-St-Zip: MIAMI, FL 33183

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN MUÑOZ

PD

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date