

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90184 001 ****61.25

DOCUMENT # 755899

1. Entity Name
CORANES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1460 W. 39 PL.
HIALEAH, FL 33012 US**

Mailing Address
**1460 W. 39 PL.
HIALEAH, FL 33012 US**

40067950



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

04112007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0524430

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SANTANA, FIDEL E
1458 W 39 PL
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

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 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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FIDEL, SANTANA E ☐ Delete
STREET ADDRESS 1458 W 39 PL
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VD ☒ Delete
NAME SANTANA, FIDEL
STREET ADDRESS 1458 W 39TH PLACE
CITY-ST-ZIP HIALEAH, FL 33012

TITLE SD ☒ Delete
NAME FERNANDEZ, BERNARDO
STREET ADDRESS 1456 W 39 PL
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VD ☐ Delete
NAME LANDA, CARLOS
STREET ADDRESS 1450 W 39 PL
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SP PERDOMO, ISABEL**
STREET ADDRESS **1454 W 29 PL**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

FIDEL E. SANTANA

4/14/07

Date

305 512 4889

Daytime Phone #