

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90031 032 ****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

40094400



2. Principal Place of Business - No P.O. Box #

1458 W 39 PL

3. Mailing Address

1458 W 39 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

Zip

33012

Country

USA

Zip

33012

Country

USA

01262008 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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIDEL, SANTANA E	
STREET ADDRESS	1458 W 39 PL	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANDA, CARLOS	
STREET ADDRESS	1450 W 39 PL	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PERDONO, ISABEL	
STREET ADDRESS	1454 W 29 PL	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTANA, GILDA R.	
STREET ADDRESS	1458 W 39 PL	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

✓ 3/4/08 (305) 300-2807