

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00068 (9)
1. Corporation Name
HALCON VILLAS CONDOMINIUM NO. 4 ASSOCIATION, INC

Principal Place of Business

1285 W. 41ST ST #1
HIALEAH FL 33012

Mailing Address

1285 W. 41ST ST #1
HIALEAH FL 33012

APPROVED
AND
FILED

96 OCT 24 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

102696 W

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

28 P.O. Box 7331 Miami FL 33255

27 Suite, Apt. #, etc.

29 City & State

30 Zip

Country

3. Date Incorporated or Qualified
11/29/1983

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0533427

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARANGO, EMILIO
1285 W. 41ST ST #4
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name D. Wellman
82 Street Address (P.O. Box Number is Not Acceptable)
1285 W 41ST #17
83 Hialeah FL 33012
84 City Hialeah, FL FL 85 Zip Code 33012

11. Pursuant to the provisions of Sections 617.0502 and 617.1500, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 30, 1996

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	ARANGO, EMILIO	
STREET ADDRESS	1285 W. 41ST ST #4	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	MOREIRA, JOSE	
STREET ADDRESS	1285 W. 41ST ST #1	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRETO, BEATRIZ	
STREET ADDRESS	1285 W 41ST #3	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. Wellman (Danielle L. Arango)	
1.3 STREET ADDRESS	P.O. Box 7331, Miami FL 33255	
1.4 CITY-ST-ZIP		
2.1 TITLE	TV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	→ same	
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	→ same	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of D. Wellman
Date: Sept 30, 1996

CR2E037 (3/96)

P.O. Box 7331
Miami, Fla 33255
September 30, 1996

Mr. Sean Toner, Division Manager
Mr. Andy Dunlap, Corporate Specialist
Division of Corporation
Reinstatement Section
P.O. Box 6327
Tallahassee, Fla. 32314

Dear Mr. Dunlap:

As per our conversation of Friday, Sept. 27, and as per your and Mr. Sean Toner's instructions, enclosed please the 1996 Annual Report for Halcon Villa Condominium Assoc. #4 Document # N00068 with the proper changes along with a check in the amount of \$61.25 as requested.

Please accept our apologies for the month's delay.(it was due in August.)

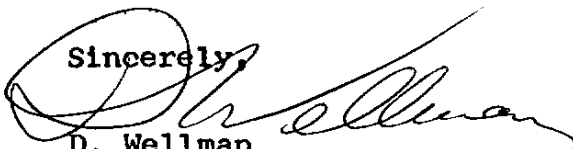
As I explained, Mr. Dunlap, we are a very small building with only seven condos -three of which are rented- leaving four actual operating owners. Mr. Emilio Arango, the President for 1995 sold his unit in July and moved away. That left only three residing owners and we needed at least four for a quorum.

The new owner of unit #4, just moved in, enabling us to have a meeting last week (wednesday 9/25) in which I was elected president. Please forgive the delay and do not penalize us with costly fees for a new corporation. These are extenuating circumstances beyond our control and not of our own choosing. It simply could not be helped!

As per request, enclosed please find the \$61.25 to make us current and fulfill our obligations for 1996 and the letter of explanation:

I hope this will satisfy the Division of Corporation Annual Report Section with our heartfelt thanks for your indulgence and understanding.

Sincerely,


D. Wellman
newly elected president
Halcon Villa #4 Assoc.
1285 W-41 Street
Hialeah, Fla 33012
Phone (305) 665-5792

Enclosures: Annual 1996 Report
Check #580 Halcon V. \$61.25
cc: Board of Directors, Halcon Villa