


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000008091**

1. Entity Name  
**HIALEAH GARDENS INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**12901 N OKEECHOBEE RD  
 #F11  
 HIALEAH GARDENS, FL 33018**

**NANCY FONT  
 4110 W 19TH AVE  
 HIALEAH, FL 33012**



01072005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**02-0549835**      Not Applicable

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

6. Name and Address of Current Registered Agent

**FONT, NANCY  
 4110 W 19TH AVE  
 HIALEAH, FL 33012**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FONT, NANCY 4110 W 19TH AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE HOYOS, BENJAMIN 12901 N OKEECHOBEE RD #F8 HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANTORSOLA, ROCCO C 12937 N OKEECHOBEE RD #D2 HIALEAH GARDENS, FL 33018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

110000271752  
 03/21/05-80057-022 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nancy Font*      3/19/05 786-247-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #