

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

2008 SEP 16 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09092008 Chg-NP CR2E037 (12/06)

DOCUMENT # N01000008091					
1. Entity Name HIALEAH GARDENS INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12901 N OKEECHOBEE RD #F11 HIALEAH GARDENS, FL 33018			Mailing Address 12901 N OKEECHOBEE RD #F11 HIALEAH GARDENS, FL 33018		
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	4. FEI Number 02-0549835	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FONT, NANCY 4140 W 10TH AVE 12901 W. Okeechobee Rd HIALEAH, FL 33042 Hialeah Gardens FL 33018				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FONT, NANCY	NAME			
STREET ADDRESS	4140 W 10TH AVE 12901 W. Okeechobee Rd	STREET ADDRESS	12901 W. Okeechobee Rd F11		
CITY-ST-ZIP	HIALEAH, FL 33042 Hialeah G. FL 3301	CITY-ST-ZIP	Hialeah Gardens FL 33018		
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONTOYA, LISBER F	NAME			
STREET ADDRESS	12949 N OKEECHOBEE RD #C2	STREET ADDRESS	900136105989		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	CITY-ST-ZIP	09/18/08--01047--009 **\$61.25		
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTORSOLA, ROCCO C	NAME			
STREET ADDRESS	12937 N OKEECHOBEE RD #D2	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Glenn	NAME	Glenn Beraer		
STREET ADDRESS		STREET ADDRESS	12901 W. Okeechobee Rd F1		
CITY-ST-ZIP		CITY-ST-ZIP	Hialeah Gardens FL 33018		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Ynocene P. Diaz		
STREET ADDRESS		STREET ADDRESS	12949 W. Okeechobee Rd C3		
CITY-ST-ZIP		CITY-ST-ZIP	Hialeah Gardens FL 33018		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					