

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008091

FILED
Jun 03, 2009
Secretary of State

Entity Name: HIALEAH GARDENS INDUSTRIAL PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12901 N OKEECHOBEE RD
#F11
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

12901 N OKEECHOBEE RD
#F11
HIALEAH GARDENS, FL 33018

New Mailing Address:

P.O. BOX 126605
HIALEAH, FL 33012

FEI Number: 02-0549835 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FONT, NANCY
12901 W OKEECHOBEE RD
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: FONT, NANCY
Address: 12901 W OKEECHOBEE RD
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: DS () Delete
Name: MONTOYA, LISBER F
Address: 12949 N OKEECHOBEE RD #C2
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: DT () Delete
Name: BERGER, GLORIA
Address: 12901 W OKEECHOBEE RD F1
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: D () Delete
Name: DIAZ, YNOCENTE P
Address: 12949 W OKEECHOBEE RD C3
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: FONT, NANCY
Address: 12901 W OKEECHOBEE RD F11
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY FONT

DPT

06/03/2009

Electronic Signature of Signing Officer or Director

Date