

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90380 031 ****61.25

DOCUMENT # N03000004943

1. Entity Name
SAN FRANCISCO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1751 W. 42ND ST.
HIALEAH, FL 33012**

Mailing Address
**6870 BAMBOO ST
MIAMI LAKES, FL 33014**

60023044



2. Principal Place of Business

1755 W. 42ND ST.

Suite, Apt. #, etc.

3. Mailing Address

1755 W. 42ND ST.

Suite, Apt. #, etc.

01092006

Chg-NP

CR2E037 (11/05)

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

86-1070290

Applied For

☐ Not Applicable

Zip

33012

Country

U.S.

Zip

33012

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOBERON, JOSE R
6870 BAMBOO ST.
MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent

Name

WALDO ROQUE

Street Address (P.O. Box Number is Not Acceptable)

1755 W. 42ND ST.

City

HIALEAH

FL

Zip Code

33012

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]

WALDO ROQUE

03-29-06

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, 2006**

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 **D** ☒ Delete
NAME **SOBERON, JOSE R**
STREET ADDRESS **6870 BAMBOO ST.**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☒ Delete
NAME **SOBERON, GISELA**
STREET ADDRESS **6870 BAMBOO ST.**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☒ Delete
NAME **ALBERT, GERVASIO**
STREET ADDRESS **900 W. 32ND ST.**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** ☒ Change ☐ Addition
NAME **CEFERINO J. ARZOLA**
STREET ADDRESS **1751 W. 42ND ST.**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **D/S** ☒ Change ☐ Addition
NAME **JOSE RAUL RODRIGUEZ**
STREET ADDRESS **1753 W. 42ND ST.**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **D/T** ☒ Change ☐ Addition
NAME **WALDO ROQUE**
STREET ADDRESS **1755 W. 42ND ST.**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

CEFERINO J. ARZOLA

PRES/D

03-29-06

305-826-7629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #