


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008313 1. Entity Name 8000-32 OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 8028 NW 68TH ST MIAMI FL 33166	Mailing Address 8028 NW 68TH ST MIAMI FL 33166
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 52-2437797	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FALCON, LUIS 8028 NW 68TH ST MIAMI FL 33166	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME: PT FALCON, LUIS <input type="checkbox"/> Delete STREET ADDRESS: 8028 NW 68TH ST CITY-STATE-ZIP: MIAMI FL 33166	
TITLE NAME: S MALONE, JILL <input type="checkbox"/> Delete STREET ADDRESS: 8000 NW 68TH ST CITY-STATE-ZIP: MIAMI FL 33166	
TITLE NAME: D NOVOA, CESAR <input type="checkbox"/> Delete STREET ADDRESS: 8012 NW 68TH ST CITY-STATE-ZIP: MIAMI FL 33166	
TITLE NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-STATE-ZIP:	
TITLE NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-STATE-ZIP:	
TITLE NAME: <input type="checkbox"/> Delete STREET ADDRESS: CITY-STATE-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-STATE-ZIP:	TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-STATE-ZIP:
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TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-STATE-ZIP:	TITLE NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: CITY-STATE-ZIP:

U00000657933
03/15/07-80018-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Luis A. Falcon 3/1/07 305-591-8448