

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011982

FILED
Mar 31, 2009
Secretary of State

Entity Name: HIALEAH LAKES OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18851 NE 29TH AVENUE
700
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AVENUE
700
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 41-2192307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEIGER, MICHELLE
18851 NE 29TH AVENUE
700
AVENTURA, FL 33180 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: DP () Delete
Name: LOSTAL, ROBERT P
Address: 3414 WEST 84TH STREET, SUITE D108
City-St-Zip: HIALEAH, FL 33018

Title: DVP () Delete
Name: GONZALEZ, JUAN
Address: 3418 WEST 84TH STREET
City-St-Zip: HIALEAH, FL 33018

Title: DST (X) Delete
Name: GIL, FLAVIA
Address: 3412 WEST 84TH STREET, SUITE E102
City-St-Zip: HIALEAH, FL 33018

Title: MGR () Delete
Name: COMMCORE REALTY CORPORATION
Address: 18851 NE 29TH AVENUE, SUITE 700
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MICHELLE STEIGER

MGR

03/31/2009

Electronic Signature of Signing Officer or Director

Date