


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000003723	
1. Entity Name HIALEAH PLACE CONDOMINIUM ASSOCIATION, INC.	
	
Principal Place of Business 8700 W FLAGLER ST - STE 165 MIAMI, FL 33174	Mailing Address 8700 W FLAGLER ST - STE 165 MIAMI, FL 33174



01312008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4778156	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 MORIS, ALBERTO N 8700 W FLAGLER ST - STE 165 MIAMI, FL 33174		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAGO, JULIO 8700 W FLAGLER ST - STE 160 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD VENTURA, ALAIN 8700 W FLAGLER ST - STE 160 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEL CALVO, OSCAR 8700 W FLAGLER ST - STE 160 MIAMI, FL 33174
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**DO NOT WRITE
IN THIS SPACE**

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02/19/08-80012-020 61.25

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/08