

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90142 025 ****61.25

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DOCUMENT # N06000008327 1. Entity Name HOMESTEAD VILLAGE 50 CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 3839 W 16TH AVE HIALEAH, FL 33012			Mailing Address 3839 W 16TH AVE HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8377819	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAYON, MAURICIO 3839 W 16TH AVE HIALEAH, FL 33012				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP ETESSAM, SHSHIN 3839 W 16TH AVE HIALEAH, FL 33012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RYAN, MAGGIE 3839 W 16TH AVE HIALEAH, FL 33012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ALVARADO, JOSE 3839 W 16TH AVE HIALEAH, FL 33012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 # _____	

ATTACHMENT

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N060060008327

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF FLORIDA LAND SALES, CONDOMINIUMS AND MOBILE HOMES
1940 North Monroe Street, Northwood Centre
Tallahassee, Florida 32399-1033
(850) 487-9832

NOTICE OF CONDOMINIUM RECORDING INFORMATION

This form is to report recording information for the declaration and amendments adding phases as required by sections 718.104(2), 718.403(8), Florida Statutes, and Rule 61B-17.001(3), Florida Administrative Code, and to remit the annual fees required by Rule 61B-23.002(1)(b), F.A.C. **PLEASE ATTACH COPIES OF ANY RECORDED DOCUMENTS TO THIS FORM IF DOCUMENTS PRIOR TO RECORDING WERE NOT ALREADY REVIEWED, APPROVED AND ON FILE WITH THE DIVISION.** If there are changes to the documents on file with the Division, please refer to Rule 61B-17.006, F.A.C. and submit the changes in amendment form.

1. Name of Condominium HORSESHOE VILLAGE 50 CONDOMINIUM

Street Address 8800 AND 900 NE 18TH AVENUE

City HORSESHOE County MIAMI-DADE State FL Zip Code 33033

2. Project number assigned by the Division PR 74223

3. Name of Developer/Owner CC 144 PENNY, LLC

Street Address 3839 W. 16TH AVENUE

City MIAMI County MIAMI-DADE State FL Zip Code 33012

4. Name of Condominium Association HORSESHOE VILLAGE 50 CONDOMINIUM ASSOCIATION, INC.

Mailing Address 410 3839 W. 16TH AVENUE

City MIAMI County MIAMI-DADE State FL Zip Code 33012

5. Please complete the following information if reporting the recording of a declaration of condominium.

County where recorded MIAMI-DADE

Official Records Book No. 25235 Page No. 4246

Date Recorded December 29 2006
month day year

Number of units located in or on the land being submitted by the declaration to condominium ownership. 50

If a phase condominium, identify the phase(s) which was submitted with the recording of the declaration

ATTACHMENT

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DBPR FORM CO 6000-1
Effective: August 18, 2005

6. If reporting an amendment or amendments adding phases, please provide the following information for each phase.

Phase Number _____ County where recorded _____

Official Records Book No. _____ Page No. _____

Date Recorded _____
month day year

Number of units described in the phase _____

Total units in the condominium after addition of this phase _____

Phase Number _____ County where recorded _____

Official Records Book No. _____ Page No. _____

Date Recorded _____
month day year

Number of units described in the phase _____

Total units in the condominium after addition of this phase _____

Phase Number _____ County where recorded _____

Official Records Book No. _____ Page No. _____

Date Recorded _____
month day year

Number of units described in the phase _____

Total units in the condominium after addition of this phase _____

If additional space is needed, please attach a separate page and include all of the information in question six for each amendment.

7. Are the association annual fees of \$4 per residential unit included? Rule 61B-23.002(1)(b), Florida Administrative Code, requires this payment to be made along with the Notice of Recording Information.

Yes ☒ No ☐

RAFA FERNANDEZ-VALES

Print name of person submitting
this form

[Signature]
Signature

AGENT OF DEVELOPER

Title (Indicate whether developer
or agent of developer)

03-07-07
Date

Contact Telephone Number (305) 597-9977