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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

N06484

(2)

HALCON VILLAS CONDOMINIUM NO. 8 ASSOCIATION, INC

9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of I 81 Name PEREZ, PEDRO 3742 WEST 12 AVE HIALEAH FL 33012-7191 83 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Structure typed or printed name of registeriou agent and title if application. (NOIE: Registered Agent signature required when registerious agent and title if application.	O5/01/1995 Applied For Not Applicable sa.75 Additional Fee Required ing S.00 May Be Added to Fees ty for intangible tax under s. 199.032, Yes No New Registered Agent
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO DELETE 1.11 TITLE PD	DATE
The Property of the Property o	O OFFICERS AND DIRECTORS IN 12
NAME PEREZ, PEORO 1.2 NAME	Change Addition
STREET ADDRESS 1395 W 41 ST #B-7 1.3 STREET ADDRESS	
City-St-Zip HIALEAH FL 14 City-St-Zip	[] Ohana [] Addition
TITLE TD DELETE 21 TITLE	Change Addition
NAME FIDALGO, ENAR 22 NAME	
STREET ADORESS 1375 W 41 ST #A-6 23 STREET ADORESS	
CITY-ST-ZIP HIALEAH FL 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD DELETE 31 TITLE	
NAME DURAN, SUSAN STOCKET ADDRESS 1375 WEST 41 STREET #3A 33 STREET ADDRESS	
INTERPOLATION AND THE PARTY OF	
CITY-ST-ZIP HIALEAH FL 34.CITY-ST-ZIP TITLE DELETE 41.TITLE	☐ Change ☐ Addition
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NOTE:	
STREET ADDRESS CITY-ST-ZIP 4.4 CITY-SI-ZIP	
TITLE DELETE 51 TITLE	Change Addition
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STREET ADDRESS 5.3 STREET ADDRESS	
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TITLE DELETE 61TOLE	Change Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 64 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sectional that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall he 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	440 07/00/A Floride Out the 16.45-

(305) 358-5820

MONATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR