

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N06484	
1. Entity Name HALCON VILLAS CONDOMINIUM NO. 8 ASSOCIATION, INC	

Principal Place of Business 1395 W. 41ST STREET #2 HIALEAH, FL 33012	Mailing Address 1395 W. 41ST STREET #2 HIALEAH, FL 33012
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04252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-2641573	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROJAS, MANUEL
1395 W. 41ST STREET #1
HIALEAH, FL 33012

**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, 2006**

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	TD SANCHEZ, ALICIA 1395 W. 41ST STREET #2 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GONZALEZ, ALBERTO 1415 W. 40TH STREET HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANCHEZ, GONZALO W 1395 W 41ST STREET #2 HIALEAH, FL 33012
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05/13/06-80037-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Alicia Sanchez Alicia Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

305-362-9072

Date Daytime Phone #