2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N10380

1. Entity Name
LAS PALMAS OF HIALEAH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5375 PALM AVE HIALEAH, FL 33012-2771 US	5375 PALM AVE HIALEAH, FL 33012-2771

DO NOT WRITE IN THIS SPACE

02082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2563253
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FELIX, CACERES
5375 PALM AVE #5
HIALEAH, FL 33012-2771

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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 _____
Signature, typed or printed name of registered agent and title if applicable (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	P
NAME	CACERES, FELIX
STREET ADDRESS	5375 PALM AVE., #4
CITY-ST-ZIP	HIALEAH, FL 330122771
TITLE	V
NAME	CALDASO, FIDEL
STREET ADDRESS	5375 PALM AVE., #4
CITY-ST-ZIP	HIALEAH, FL 330122771
TITLE	T
NAME	ALONSO, RAFAEL
STREET ADDRESS	5375 PALM AVE. #5
CITY-ST-ZIP	HIALEAH, FL 330122771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80062-022 61.25

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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] 02/09/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #