NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90068 018 ****61.25

DOCUMENT # N32658

1. Corporation Name

C.L.A.S. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business								
11890 NW 87TH COURT								
HIALEAH GARDENS. FL 33016 33016 US								

Mailing Address

11890 NW 87TH COURT

BAY 96

HIALEAH GARDENS, FL 33016 33016

119

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├ -> 1'	Place of Business 2a. Mailing Address 2b. 1/890 N.O 87cT DAY C			3. Date Incorporated or Qualifed 06/02/1989					
21			~~/	, <u>, , , , , , , , , , , , , , , , , , </u>					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number 65-0599078		lied For		
22	·	27							
City & Stat	e ·	City & State			5. Certifcate of Status Desired \$8.75 Additional Fee Required				
Zip	Country	Zip Country			6. Election Campaign Financing \$5.00 May Be				
24	25 29 30				Trust Fund Contribution Added to Fees				
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
1				Name					
PENENORI, JORGE J.				82 Street Address (P.O. Box Number is Not Acceptable)					
	11890 NW 87 COURT				oz Sireet Audress (P.O. Box Number is Not Acceptable)				
BAY 9				83					
	LHALEALL CARDENO EL COCACA				14 City 85 Zip Code				
'				City		85 Zip Co			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named corpo	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	hanging its n	egistered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	ins of, Section 617.0503, Florid	a Statutes.	ne corporado	, ,		310100		
		·,			3/22/	99	1		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agen	signature required	d when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition		
NAME	PENENORI, JORGE J.		1.2 NAME .				ľ		
STREET ADDRESS	11890 NW 87TH COURT, BAY 9		1.3 STREET	ADDRESS					
CITY-ST-ZIP	HIALEAH GARDENS FL		1.4 CITY-ST	-ZIP	· ·				
TITLE '	VD	☐ DELETE	2.1 TITLE			Change	☐ Addition		
NAME	LUZORO, JOSEPH		2.2 NAME			•			
STREET ADDRESS	l	A - F F U	2.3 STREET	ADDRÈSS	* مایرس شوانس و دیگر ایران ایران شواش بخار در مایرس				
CITY-ST-ZIP	HIALEAH GARDENS FL		2. 4 CITY- S	r-ZIP					
TITLE '	TD	ELETE	3.1 TITLE	P	ELIPE DELAHOZ 11890 N.U. 87CT. DAYI	Change	☐ Addition		
NAME :	ALONSO, ANIBAL A	•	3.2 NAME		11890 N.U. 87CT. DAYI	0+11	ľ		
STREET ADDRESS	11890 NW 87TH COURT, BAY 3		3.3 STREET	ADDRESS					
CITY-ST-ZIP	HIALEAH GARDENS FL	•	3.4. CITY-S	r-ZIP	HIALEAH GARDENS, FL-	330	18.		
TITLE '		☐ DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME				1		
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP	, ,		4.4 CITY-ST	-ZIP					
TITLE '		☐ DELETE	5.1 TITLE			Change	Addition		
NAME ;			5.2 NAME				1		
STREET ADDRESS	•		5.3 STREET	ADDRESS	•				
CITY-ST-ZIP			5.4 CITY- S7	-ZIP	• •		}		
TITLE		☐ DELETE	6.1 TITLE		,	Change	Addition		
NAME !			6.2 NAME]		
STREET ADDRESS			6.3 STREET	ADDRESS	·				
CITY-ST-ZIP			6.4 CITY-ST	-ZIP			1		
G11-51-4P	l								

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 5-557-453