

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N32658**

1. Entity Name

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

Principal Place of Business 11890 NW 87TH COURT BAY 9 HIALEAH GARDENS FL 33016 US	Mailing Address 11890 NW 87TH COURT BAY 6 HIALEAH GARDENS FL 33016 US
---	---



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

4. FEI Number <b>65-0599078</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

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

**6. Name and Address of Current Registered Agent**

LUZORO, J. JOSEPH  
11890 N.W. 87 COURT  
SUITE C  
HIALEAH GARDENS FL 33018

**7. Name and Address of New Registered Agent**

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 reissuing) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME: STREET ADDRESS CITY-STATE-ZIP	PD PENENORI, JORGE J. 11890 NW 87TH COURT, BAY 9 HIALEAH GARDENS FL	<input type="checkbox"/> Delete
TITLE NAME: STREET ADDRESS CITY-STATE-ZIP	T TUNINSKAYA, GALINA 11890 NW 87 CT HIALEAH GARDENS FL 32018	<input type="checkbox"/> Delete
TITLE NAME: STREET ADDRESS CITY-STATE-ZIP	TD DELANOZ, FELIPE 11890 NW 87TH COURT, BAYS 10 & 11 HIALEAH GARDENS FL 33018	<input type="checkbox"/> Delete
TITLE NAME: STREET ADDRESS CITY-STATE-ZIP	SD TUNINSKAYA, GAALINA 11890 N.W.87 CT. HIALEAH, GARDENS FL 33018	<input type="checkbox"/> Delete
TITLE NAME: STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME: STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME: STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: STREET ADDRESS CITY-STATE-ZIP	000000666368 03/23/07-80067-008 61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: STREET ADDRESS CITY-STATE-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 Section 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: **JORGE J. PENENORI Pres.** 2/28/07 305-557-4554