

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N41390

1. Entity Name
GONZ-MOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**405 AND 407 EAST 15TH STREET
HIALEAH, FL 33010**

Mailing Address
**405 AND 407 EAST 15TH STREET
HIALEAH, FL 33010**



01172007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0328446

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, CECILIA
405 EAST 15TH STREET
HIALEAH, FL 33010**

**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

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, 2007**

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	D GONZALEZ, CECILIA 405 EAST 15TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, JOSE MANUEL 407 EAST 15TH STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, MIRIAM 407 EAST 15TH STREET HIALEAH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/07-80046-007 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:

Cecilia Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-07

Date

Daytime Phone #

305-885-4291
PHONE NO