


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90107 033 ***150.00

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| DOCUMENT # P98000024091 | | | |  | |
| 1. Entity Name LA HACIENDA IN THE GABLES CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1400 SALZEDO STREET CORAL GABLES, FL 33134 | | | Mailing Address 1400 SALZEDO STREET CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent MARS, GARY M ESQ. 150 WEST FLAGLER STREET 27TH FLOOR MIAMI, FL 33130 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GARCIA, TANIA 1400 SALZEDO STREET CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRISTA LYONS 1400 SALZEDO ST. UNIT 106 CORAL GABLES, FL 33134 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PANIAGUA, SONIA 1400 SALZEDO STREET CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RODRIGUEZ, BLANCA N 1400 SALZEDO STREET CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T IGLESIAS, RAFAEL 1400 SALZEDO STREET CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BONILLA, JULIO 1400 SALZEDO STREET CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOWERS, PATRICIA 1400 SALZEDO STREET CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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 607, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/27/07 (305) 448-4655 <small>Date Daytime Phone #</small> | | |