

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733418

**Entity Name:** HALF MOON TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5055 NW 7TH STREET  
STE 101  
MIAMI, FL 33126

**Current Mailing Address:**

5055 NW 7TH STREET  
STE 101  
MIAMI, FL 33126 US

**FEI Number:** 59-1693428

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAUL A. MCKENNA & ASSOCIATES, P.A.  
703 WATERFORD WAY  
SUITE 220  
MIAMI, FL 33126 US

*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.*

**SIGNATURE:** NILO SOMOANO

**04/26/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ALFARO, GUSTAVO JR.  
Address 5055 NW 7TH ST #606  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name JACAS, WILFREDO L  
Address 5055 NW 7TH STREET  
STE 101  
City-State-Zip: MIAMI FL 33126

Title TREASURER  
Name CARBONELL, LUIS  
Address 5055 NW 7TH STREET  
STE 101  
City-State-Zip: MIAMI FL 33126

Title PROPERTY MANAGER  
Name SOMOANO, NILO  
Address 5055 NW 7 ST SUITE 101  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUSTAVO ALFARO

**PRESIDENT**

**04/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date