

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733340

FILED
May 05, 2009
Secretary of State

Entity Name: VIRGINIA OAKS CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

3304 VIRGINIA STREET
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

CADICORP MANAGEMENT GROUP
7700 NORTH KENDALL DRIVE SUITE 802
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 59-1653622 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CADICORP MANAGEMENT GROUP
7700 NORTH KENDALL DRIVE
PH-2
MIAMI, FL 33156 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOMIS, KATHERINE
Address: 3304 VIRGINIA ST.
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD () Delete
Name: GLONEK, LORIANNE
Address: 2304 VIRGINIA ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: SD () Delete
Name: CARDWELL, JOANNA
Address: 3304 VIRGINIA STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD (X) Delete
Name: MORALES, ROGER
Address: 3304 VIRGINIA ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: OCIEL, PLAZA
Address: 3304 VIRGINIA ST
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: ARMENTERO, ORLANDO
Address: 3304 VIRGINIA ST
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHERINE KOMIS

PD

05/05/2009

Electronic Signature of Signing Officer or Director

Date