

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733340

FILED  
Apr 29, 2011  
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 ( )**

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

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

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

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: D  
Name: MARCIA, VAN VLIET  
Address: 2304 VIRGINIA ST  
City-St-Zip: COCONUT GROVE, FL 33133

Title: PD  
Name: GLONEK, LORIANNE  
Address: 2304 VIRGINIA ST  
City-St-Zip: COCONUT GROVE, FL 33133

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

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

Title: DT  
Name: ARMENTERO, ORLANDO  
Address: 3304 VIRGINIA ST  
City-St-Zip: COCONUT GROVE, FL 33133

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: LORI GLONEK

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date