

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90017 026 ****61.25

DOCUMENT # 740966	
1. Entity Name PARK VILLAS HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 1756 W. 57TH TERR HIALEAH FL 33012 US	Mailing Address 1756 W. 57TH TERR HIALEAH FL 33012 US
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2. Principal Place of Business 1756 W 57 TERR	3. Mailing Address 1756 W 57 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HIALEAH FLORIDA	City & State HIALEAH FLORIDA
Zip 33012	Country MIAMI DADE

4. FEI Number 59-1893915		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALAYON, ALEJANDRA 1756 W. 57TH TERR HIALEAH FL 33012	
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7. Name and Address of New Registered Agent Name ALAYON, FRANCISCO C. Street Address (P.O. Box Number is Not Acceptable) 1756 W 57 TERR City HIALEAH FL Zip Code 33012	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADAMES, DIAZ 1616 W 57TH TERRACE HIALEAH FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, JULIO 5795 W. 18TH AVE HIALEAH FL 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FELIX A AGUADA ☐ Change ☐ Addition 5750 W 17 LN HIA FIA 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALAYON, ALEJANDRA 1756 W. 57TH TERR HIALEAH FL 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCISCO C ALAYON ☐ Change ☐ Addition 1756 W 57 TER HIA FIA 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____