

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/5

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90178 019 \*\*\*\*61.25

DOCUMENT # **740966**

1. Entity Name

**PARK VILLAS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**1666 WEST 57TH TER  
HIALEAH FL 33012  
US**

Mailing Address

**1666 WAT 57TH TERR.  
HIALEAH FL 33102  
US**

2. Principal Place of Business

**1756 WEST 57TH TER**

3. Mailing Address

**1756 WEST 57TH TER**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

**N/A**

City & State

**HIALEAH, FLA**

City & State

**HIALEAH, FLA**

Zip

**33012**

Country

**US**

Zip

**33012**

Country

**US**

4. FEI Number **59-1893915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GONZALEZ, JUAN F**

**1666 WEST 57TH TERRACE  
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name **ALEJANDRA ALAYON**

Street Address (P.O. Box Number is Not Acceptable)

**1756 WEST 57TH TERRACE**

City

**HIALEAH**

FL

Zip Code

**33012**

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

*Alejandra Alayon* **TREASURER**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

**01/24/03**

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                                                |                                                                             |                                            |
|------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>RADAMES, DIAZ<br/>1616 W 57TH TERRACE<br/>HIALEAH FL 33012</b>    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>PEROVANI, OLGA L<br/>1692 W 57TH TERRACE<br/>HIALEAH FL 33012</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>GONZALEZ, JUAN F<br/>1666 W 57TH TERRACE<br/>HIALEAH FL 33012</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                     |                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>JULIO RODRIGUEZ<br/>5795 W 18 AVE<br/>HIALEAH FL 33012</b>                       | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURER<br/>ALEJANDRA ALAYON<br/>1756 WEST 57TH TER<br/>HIALEAH, FLA 33012</b> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Alejandra Alayon* **TREASURER**

Signature and typed or printed name of signing officer or director

**01/24/03**

Date

**305-558-2430**

Daytime Phone #

CR2E037 (10/02)