

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005
Secretary of State

DOCUMENT# 742670

Entity Name: AMERICANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19800 S.W. 180 AVENUE
SUITE #602
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

19800 S.W. 180 AVENUE
SUITE #602
MIAMI, FL 33187

New Mailing Address:

FEI Number: 59-2069462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAIGE, ROBERT M
9500 SO. DADELAND BLVD
SUITE 550
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: P () Delete
Name: GONZALEZ-PRIETO, OLIVIA PRES
Address: 19800 S.W. 180 AVE #532
City-St-Zip: MIAMI, FL 33187

Title: V () Delete
Name: MESA LLL, MANUEL VP
Address: 19800 SW 180 AVE #483
City-St-Zip: MIAMI, FL 33187

Title: T () Delete
Name: DAVIS, FRANKLIN TREASUR
Address: 19800 S.W. 180 AVE #233
City-St-Zip: MIAMI, FL 33187

Title: S () Delete
Name: ROBBINS, DAVID SECRETA
Address: 19800 SW 180 AVE #127
City-St-Zip: MIAMI, FL 33187

Title: MD () Delete
Name: SPICER, JONATHON MEMBER
Address: 19800 SW 180 AVE #533
City-St-Zip: MIAMI, FL 33187

Title: MD () Delete
Name: SANTIS, CARLOS MEMBER
Address: 19800 SW 180 AVE 341
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: HAAS, WANDA VP
Address: 19800 SW 180 AVE #001
City-St-Zip: MIAMI, FL 33187

Title: T (X) Change () Addition
Name: ADA, ANTON TREASUR
Address: 19800 S.W. 180 AVE #379
City-St-Zip: MIAMI, FL 33187

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 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 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: OLIVIA GONZALEZ-PRIETO

PRES

01/26/2005

Electronic Signature of Signing Officer or Director

Date