

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742670

FILED
Mar 13, 2009
Secretary of State

Entity Name: AMERICANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

19800 SW 180TH AVENUE
SUITE #602
MIAMI, FL 33187

New Principal Place of Business:

Current Mailing Address:

19800 SW 180TH AVENUE
SUITE #602
MIAMI, FL 33187

New Mailing Address:

19800 SW 180TH AVENUE
SUITE #602
MIAMI, FL 33187

FEI Number: 59-2069462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: PRES () Delete
Name: MARRERO, ANER MR
Address: 19800 SW 180 AVE #064
City-St-Zip: MIAMI, FL 33187

Title: VPRE () Delete
Name: FARRES, ANDREW N MR
Address: 19800 SW 180 AVE #601
City-St-Zip: MIAMI, FL 33187

Title: TREA () Delete
Name: RAMIREZ, VIVIAN MRS
Address: 19800 S.W. 180 AVE #345
City-St-Zip: MIAMI, FL 33187

Title: SECR () Delete
Name: DAVIS, CECELIA MRS
Address: 19800 SW 180 AVE #100
City-St-Zip: MIAMI, FL 33187

Title: CAM () Delete
Name: FIREBAUGH IV, ALBERT M MR
Address: 19800 SW 180TH AVENUE #099
City-St-Zip: MIAMI, FL 33187

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: SECR (X) Change () Addition
Name: PIPER, JUDITH MRS
Address: 19800 SW 180 AVE #029
City-St-Zip: MIAMI, FL 33187

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: ALBERT M FIREBAUGH IV

CAM

03/13/2009

Electronic Signature of Signing Officer or Director

Date