-2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90274 048 ****61.25

DOCUMENT #756081



Mailing Address Nating Address Nat	1. Entity Nam THE COU ASSOCIA	JRTYARI	D VILLAS CONDO NC.	NINIMO	И							
2. Principal Place of Business Suits, Apt. 4, etc. Suits, Apt. 4, etc. Suits, Apt. 8, etc. O4022006 Cng.NP CRZE037 (11/05) City & State City & State City & State Country Country Country Country Country Country S. Cartificate of Status Desired \$8.75 Academal Fee Required Fee	18000 NW 68 AVE 180 #312 #3				8000 NW 68 AVE 312			60041303				
Suite, Apt. F. etc. Suite, Apt. F. etc. Suite, Apt. F. etc. City & State S. Certificate of Status Desired S. S. Certificate of Status Desired S. S. Certificate of Status Desired S. S. S. Certificate of Status Desired S. S. S. Certificate of Status Desired S.					•							
City & State Ci	Principal Place of Business 3. N			3. Mai	Malling Address				I		INK DINU AINI KA	UILBU 07 1894
Signature Sign	Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			04022006 (Chg-NP	CR2E	37 (11/05)	
S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required Fee Required NONINO, KATHY 18000 NW 68 AVE H312	City & State			Ci	City & State				05			
NONINO, KATHY 18000 NW 68 AVE #312 2	Zip		Country	Zij	p	Country		5. Certificate of	Status Desired			
NONINO, KATHY 18000 NW 68 AVE "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: Signature, host or project more of registered agent and the it supticable. NOTE Registered Agent signature records dependent entitle in supticable. (NOTE Registered Agent signature records dependent entities and the it supticable. NOTE Registered Agent signature records dependent entities and the it supticable. NOTE Registered Agent signature records dependent entities and the it supticable. NOTE Registered Agent signature records dependent entities and the it supticable. NOTE Registered Agent signature records dependent entities and the item tentalized) DIME Filting Fee is \$61.25 Due by May 1, 2006 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITIE NONINO, KATHY 18000 NW 68 AVE STEE #312 TITLE NONINO, KATHY 18000 NW 68 AVE #314 SIRET ADDRESS OIT-S1-2P TITLE NAME S		6. Name	and Address of Curren	t Register	ed Agent	Nar	me	7. Name and Ad	Idress of New R	legistered	Agent	
MIAMI, FL 33015 City FL Zip Code								P.O. Box Number is	s Not Acceptable	э)		
S. 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 Signatu												
THE OBJIGATIONES OF registered agent. SIGNATURE Signature, Speed or printed harms of registered agent and site if applicable. (MOTE, Registered Agent segnature required when renealating) Pilling Foe is \$61.25 Due by May 1, 2006 Trust Fund Contribution.	'					City	у			FI	Zip Cod	9
SIGNATURE Signature Dead or printing hame of registered agent and site if applicable. (MOTE Registered Agent signature required when renetating) DATE				for the purp	oose of changing its	registered offi	ice or register	ed agent, or both, i	in the State of Fk		1 familiar with,	and accept
SIGNATURE Signature Typed or printed name of registered agent and 18th it applicable. (MOTE: Registered Agent signature required when renatating) DATE	, ,	nons or regis	ilered agent.									
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE PD Delete NAME NONINO, KATHY 18000 NW 68 AVE STE #312 SIREET ADDRESS 18000 NW 68 AVE STE #312 SIREET ADDRESS 18000 NW 68 AVE STE #312 SIREET ADDRESS 18000 NE 68 AVE #314 SIREET ADDRESS 18000 NE 68 AVE #315 SIREET ADDRESS 18000 NW 68TH AVE #410 Delete ITILE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST			or printed name of registered age	nt and title if ap	plicable. (NOTI	Registered Agent	signature required	when reinstating)		DATE		
TITLE												
NAME STREET ADDRESS 18000 NW 68 AVE STE #312 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 Delete STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 Delete STREET ADDRESS CITY-ST-ZIP		-										
NAME STREET ADDRESS CITY-ST-ZIP HALEAH, FL 33015 TITLE TD Oelete NAME STREET ADDRESS CITY-ST-ZIP TITLE TD Oelete NAME STREET ADDRESS CITY-ST-ZIP TITLE Oelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OElete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Due by f	May 1, 2006	DIRECTORS	Trust Fund (20ntribution.		Added to Fees	Flor	ida Depa	IRECTORS IN	tate
NAME STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	PD NONINO, 18000 NV	May 1, 2006 OFFICERS AND E KATHY V 68 AVE STE #312	DIRECTORS	Trust Fund (11. TITLE NAME STREET ADDR	RESS	Added to Fees	Flor	ida Depa	IRECTORS IN	tate
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD NONINO, 18000 NV HIALEAH SD BUCCIAN 18000 NE	May 1, 2006 OFFICERS AND E , KATHY N 68 AVE STE #312 I, FL 33015 NTE, ISABEL E 68 AVE #314	DIRECTORS	Trust Fund C	11. TITLE NAME STREET ADDR CITY-SI-ZIP TITLE NAME STREET ADDR STREET ADDR	RESS	Added to Fees	Flor	ida Depa	PIRECTORS IN Change	tate # 10 Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD NONINO, 18000 NV HIALEAH SD BUCCIAN 18000 NE HIALEAH TD WINNER, 18000 NV	May 1, 2006 OFFICERS AND E KATHY N 68 AVE STE #312 I, FL 33015 NTE, ISABEL E 68 AVE #314 I, FL 33015 , GAIL N 68TH AVE #410	DIRECTORS	Trust Fund C	11. TITLE NAME STREET ADDI CITY-ST-ZIP TITLE NAME STREET ADDI CITY-ST-ZIP TITLE NAME STREET ADDI CITY-ST-ZIP TITLE NAME STREET ADDI STREET ADDI STREET ADDI	RESS	Added to Fees	Flor	ida Depa	Triment of S DIRECTORS IN Change	tate 1 10 Addition
NAME STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD NONINO, 18000 NV HIALEAH SD BUCCIAN 18000 NE HIALEAH TD WINNER, 18000 NV	May 1, 2006 OFFICERS AND E KATHY N 68 AVE STE #312 I, FL 33015 NTE, ISABEL E 68 AVE #314 I, FL 33015 , GAIL N 68TH AVE #410	DIRECTORS	Trust Fund C	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR STREET ADDR STREET ADDR	RESS P	Added to Fees	Flor	ida Depa	Change	tate 1 10 Addition Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD NONINO, 18000 NV HIALEAH SD BUCCIAN 18000 NE HIALEAH TD WINNER, 18000 NV	May 1, 2006 OFFICERS AND E KATHY N 68 AVE STE #312 I, FL 33015 NTE, ISABEL E 68 AVE #314 I, FL 33015 , GAIL N 68TH AVE #410	DIRECTORS	Trust Fund C	TITLE NAME STREET ADDI CITY-ST-ZIP	RESS P	Added to Fees	Flor	ida Depa	Change Change	tate # 10 Addition Addition Addition

indicated on trils 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.

04/10/2016 (305) 823-3792