



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 757813 1. Entity Name EL LAGO N.W. 7TH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business %VILAR PROPERTY 305 ALCAZAR AVE. CORAL GABLES, FL 33134		Mailing Address %VILAR PROPERTY 305 ALCAZAR AVE. CORAL GABLES, FL 33134			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-2368962	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILAR PROPERTY MANAGEMENT 305 ALCAZAR AVE. CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD	NAME HERNANDEZ, REYNALDO	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5501 NW 7TH ST # E-315	CITY-ST-ZIP MIAMI, FL 33126	U00000320797 04/21/05-80052-015 61.25			
TITLE PD	NAME MARTINEZ, HUGO	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5505 NW 7 ST APT W-115	CITY-ST-ZIP MIAMI, FL 33126				
TITLE SD	NAME DELGADO, JOSE RAMON	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5505 NW 7 ST #207	CITY-ST-ZIP MIAMI, FL 33126				
TITLE 		<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 					
TITLE 		<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 					
TITLE 		<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 					
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 reports 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: <i>Reynaldo Hernandez</i>		_____		Date: 4/15/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> REYNALDO HERNANDEZ		<small>Daytime Phone #</small>		305-444-9080	