


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90031 043 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VILAR PROPERTY MANAGEMENT 305 ALCAZAR AVE. CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, REYNALDO		NAME		
STREET ADDRESS	5501 NW 7TH ST # E-315		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, HUGO		NAME		
STREET ADDRESS	5505 NW 7 ST APT W-115		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, JOSE RAMON		NAME		
STREET ADDRESS	5505 NW 7 ST #207		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CARLOS Villamarin	
STREET ADDRESS			STREET ADDRESS	5501 NW 7th St. #208	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jose Novoa	
STREET ADDRESS			STREET ADDRESS	5501 NW 7th St. #101	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Reynaldo Hernandez</u>		Date: <u>6 Feb 06</u>		Daytime Phone #: <u>305-447-9090</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 22-2368962 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make check payable to Florida Department of State**

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SIGNATURE: Reynaldo Hernandez Date: 6 Feb 06 Daytime Phone #: 305-447-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR