

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005360

FILED
May 01, 2009
Secretary of State

Entity Name: VILLAS LAS PALMAS III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 W 49 S T S TE 220
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

900 W 49 S T S TE 220
103
HIALEAH, FL 33012 US

New Mailing Address:

900 W 49 S T S TE 220
HIALEAH, FL 33012 US

FEI Number: 65-1128430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DELATORRE, CLEMENTE J
900 W 49 ST STE 220
HIALEAH, FL 33012 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: PD () Delete
Name: QUINTANILLA, EDIXIA
Address: 900 W 49 STE STE 220
City-St-Zip: HIALEAH, FL 33012

Title: TD (X) Delete
Name: ROSALES, HECTOR
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

Title: SD (X) Delete
Name: VARGAS, JUAN
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VARGAS, JUAN
Address: 900 W 49 STE STE 220
City-St-Zip: HIALEAH, FL 33012

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 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: JUAN VARGAS

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date