

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003829

FILED
Mar 27, 2009
Secretary of State

Entity Name: CORAL WEST VILLAS ASSOCIATION INC.

Current Principal Place of Business:

3360-98 WEST 80TH ST
HIALEAH, FL 33018

New Principal Place of Business:

3360-3398 WEST 80TH ST
HIALEAH, FL 33018

Current Mailing Address:

2011 WEST 62ND ST
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 20-0167340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN MGMT. & REALTY
2011 WEST 62 STREET
HIALEAH, FL 33016 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: SANZANO, ALEX
Address: 3384 WEST 80TH STREET, SUITE 101
City-St-Zip: HIALEAH, FL 33018

Title: TD () Delete
Name: GOMEZ, NORMA S
Address: 3372 WEST 80TH STREET, #102
City-St-Zip: HIALEAH, FL 33018

Title: SD () Delete
Name: CABALE, NOE
Address: 3372 WEST 80TH ST SUITE 202
City-St-Zip: HIALEAH, FL 33018

Title: D () Delete
Name: DELGADO, HAROLD
Address: 3372 WEST 80TH ST SUITE 101
City-St-Zip: HIALEAH, FL 33018

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CABALE, NOE
Address: 3360-3398 WEST 80TH ST
City-St-Zip: HIALEAH, FL 33018

Title: TD (X) Change () Addition
Name: GOMEZ, NORMA S
Address: 3360-3398 WEST 80TH ST
City-St-Zip: HIALEAH, FL 33018

Title: SD (X) Change () Addition
Name: RAMOS, GUILLERMO
Address: 3360-3398 WEST 80TH ST
City-St-Zip: HIALEAH, FL 33018

Title: VP (X) Change () Addition
Name: DELGADO, HAROLD
Address: 3360-3398 WEST 80TH ST
City-St-Zip: HIALEAH, FL 33018

Title: D () Change (X) Addition
Name: MEDINA, ARMANDO
Address: 3360-3398 WEST 80TH ST
City-St-Zip: HIALEAH, FL 33018

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: NOE CABALE

PD

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date