


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90322 002 \*\*\*\*61.25

**DOCUMENT # N03000006484**

1. Entity Name  
**VILLAS AT CARMEL CONDOMINIUM NO. 2 ASSOCIATION, INC.**



Principal Place of Business  
**730 N.W. 107TH AVENUE, 4TH FLOOR MIAMI, FL 33173**

Mailing Address  
**730 N.W. 107TH AVENUE, 4TH FLOOR MIAMI, FL 33173**

**50025287**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number  
**20-0781577**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KIMBALL FLETCHER, PATRICIA P.A.  
 C/O DUANE MORRIS LLP  
 200 SOUTH BISCAYNE BLVD., SUITE 3400  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEISI, JULIE 730 N.W. 107TH AVENUE, 4TH FLOOR MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 730 N.W. 107AVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AVILA, MIGUEL 730 N.W. 107TH AVENUE, 4TH FLOOR MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV 730 N.W. 107AVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miami, FL 33172 McPherson, Grey
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NUNEZ, MERCEDES 730 N.W. 107TH AVENUE, 4TH FLOOR MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST 730 N.W. 107AVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miami, FL 33172 Avila, Miguel
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:** *Henderson* **1/5/05** **(305) 559-1951**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #