

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90008 011 \*\*\*\*70.00

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	
MP& Associates		MP& Associates	
2. Principal Place of Business - No P.O. Box # 13055 S.W. 42 St		3. Mailing Address 13055 S.W. 42 Street	
Suite, Apt. #, etc. #203		Suite, Apt. #, etc. #203	
City & State Miami, FL		City & State Miami, FL	
Zip 33175		Country	
33175		33175	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATRICIA KIMBALL FLETCHER, P.A. C/O DUANE MORRIS LLP 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		Name: Brough, Chadrow & Levine, P.A. Street Address (P.O. Box Number is Not Acceptable): 1900 N. Commerce Pkwy City: Weston FL Zip Code: 33326	
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:  Scott J. Leibe, Esq. for Brough, Chadrow & Levine, P.A. 1/27/07		DATE: 1/27/07	
Filing Fee is \$61.25 Due by May 1, 2007		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: DP	NAME: HENDERSON, MERCEDES	<input checked="" type="checkbox"/> Delete	TITLE: VP
STREET ADDRESS: 730 N.W. 107 AVENUE	CITY-ST-ZIP: MIAMI, FL 33172		NAME: Joel Hitchman
			STREET ADDRESS: 3320 NE 13 Circle Drive #102
			CITY-ST-ZIP: Homestead, FL 33033
TITLE: DV	NAME: MCPHERSON, GREG	<input checked="" type="checkbox"/> Delete	TITLE: VP
STREET ADDRESS: 730 N.W. 107 AVE.	CITY-ST-ZIP: MIAMI, FL 33172		NAME: Monica Whitaker
			STREET ADDRESS: 3320 NE 13 Circle Drive #108
			CITY-ST-ZIP: Homestead, FL 33033
TITLE: DST	NAME: AVILA, MIGUEL	<input checked="" type="checkbox"/> Delete	TITLE: S
STREET ADDRESS: 730 N.W. 107 AVE.	CITY-ST-ZIP: MIAMI, FL 33172		NAME: Luisa Fernandez
			STREET ADDRESS: 3365 NE 14 Drive #109
			CITY-ST-ZIP: Homestead, FL 33033
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:
STREET ADDRESS:	CITY-ST-ZIP:		NAME: Linda Orjeda
			STREET ADDRESS: 3365 NE 14 Drive #108
			CITY-ST-ZIP: Homestead, FL 33033
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:
STREET ADDRESS:	CITY-ST-ZIP:		NAME:
			STREET ADDRESS:
			CITY-ST-ZIP:
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:
STREET ADDRESS:	CITY-ST-ZIP:		NAME:
			STREET ADDRESS:
			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: 		Date: 2-26-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	