


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009701
 1. Entity Name
 VILLA LUCCA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 7010 S W 48TH LN, MIAMI, FL 33155
 Mailing Address: 1791 SW 24TH STREET, MIAMI, FL 33145

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04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 20-0396175
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SHERMAN, THOMAS G
 218 ALMERIA AVE
 CORAL GABLES, FL 33134

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REBOUL, JEAN-CLAUDE 7010 S W 48TH LN MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIRAUD, PAUL 7010 S W 48TH LN MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REBOUL, EVELYNE 7010 S W 48TH LN MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Evelynne Reboul 4/06/05 305-858-6525
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EVELYNE REBOUL