


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03000009701 1. Entity Name VILLA LUCCA CONDOMINIUM ASSOCIATION, INC.	
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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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01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0396175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01132006
01/25/06-BU011-017 61.25

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: Evelyne Rebul 01/16/06 305-858-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #