

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

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90058 026 ****61.25



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



01082007 No Chg-NP CR2E037 (4/06)

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 reconstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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 TO BE DELETED
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	VP SINA BAHADORAN TO BE ADDED 1025 MICHIGAN AVE. #2C MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Evelynne Rebul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07
Date

Daytime Phone #