2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005836

FILED Jan 10, 2005 Secretary of State

Entity Name: THE VILLAS AT SNAPPER VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

13200 S.W. 128TH STREET 12901 SW 132 AVENUE **BUILDING G** MIAMI, FL 33186

MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

13200 S.W. 128TH STREET 12901 SW 132 AVENUE **BUILDING G** MIAMI, FL 33186

MIAMI, FL 33186

FEI Number: 59-1480167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

S. FABRE, FRANK R S. FABRE, FRANK R

717 PONCE DE LEON BOULEVARD 717 PONCE DE LEON BOULEVARD SUITE 234 SUITE 234 CIRAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

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.

SIGNATURE: 01/10/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BELLON, LEOPOLDO BELLON, LEOPOLDO Name: Name: 13200 S.W. 128TH STREET BLDG. G Address: 12901 SW 132 AVENUE Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

(X) Change () Addition Title: VTD () Delete Title: VTD

Name: MORENO, MARIO Name: MORENO, MARIO Address: 13200 S.W. 128TH STREET BLDG. G Address: 12901 SW 132 AVENUE City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: () Delete Title: (X) Change () Addition

S. FABRE, FRANK R Name: S. FABRE, FRANK R Name: 13200 S.W. 128TH STREET BLDG. G 717 PONCE DE LEON BLVD, SUITE 234 Address: Address:

City-St-Zip: MIAMI, FL 33186 City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEOPOLDO BELLON PD 01/10/2005