

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000848

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: YOLANDA VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

801 N.W. 47TH AVENUE  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 N.W. 47TH AVENUE  
LEASING OFFICE  
MIAMI, FL 33126 US

**New Mailing Address:**

FEI Number: 20-2288199      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MENDEZ, SANDRA  
315-86TH STREET  
UNIT 3  
MIAMI BEACH, FL 33141 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MENDEZ, SANDRA  
Address: 315-86TH STREET, #3  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VPD ( ) Delete  
Name: MENDEZ, LAZARO  
Address: 315-86TH STREET, #3  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: SD ( ) Delete  
Name: MENDEZ, STAVROULA  
Address: 315-86TH STREET, #3  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: T ( ) Delete  
Name: SAROZA, ENRIQUE A  
Address: 315-86TH STREET, #3  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: D ( ) Delete  
Name: MENDEZ, MARIE E  
Address: 801 N.W. 47TH AVENUE  
City-St-Zip: MIAMI, FL 33126 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIE E MENDEZ

D

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date