

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 04, 2009
Secretary of State**

DOCUMENT# N05000000848

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:**11601 BISCAYNE BLVD
204
NORTH MIAMI, FL 33181 US**Current Mailing Address:**801 N.W. 47TH AVENUE
LEASING OFFICE
MIAMI, FL 33126 US**New Mailing Address:**11601 BISCAYNE BLVD
204
NORTH MIAMI, FL 33181 US

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:**ODDONE, CARINA
11601 BISCAYNE BLVD
204
NORTH MIAMI, FL 33181 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: CARINA ODDONE

11/04/2009

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 USTitle: VPD () Delete
Name: MENDEZ, LAZARO
Address: 315-86TH STREET, #3
City-St-Zip: MIAMI BEACH, FL 33141 USTitle: SD () Delete
Name: MENDEZ, STAVROULA
Address: 315-86TH STREET, #3
City-St-Zip: MIAMI BEACH, FL 33141 USTitle: T (X) Delete
Name: SAROZA, ENRIQUE A
Address: 315-86TH STREET, #3
City-St-Zip: MIAMI BEACH, FL 33141 USTitle: D (X) 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: PD (X) Change () Addition
Name: ODDONE, CARINA
Address: 11601 BISCAYNE BLVD STE 204
City-St-Zip: NORTH MIAMI, FL 33181 USTitle: VPD (X) Change () Addition
Name: TORO, MARIE
Address: 11601 BISCAYNE BLVD STE 204
City-St-Zip: NORTH MIAMI, FL 33181 USTitle: SD (X) Change () Addition
Name: GONZALEZ, GILBERTO
Address: 801 NW 47TH AVENUE
City-St-Zip: MIAMI, FL 33126 USTitle: () 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: CARINA ODDONE

P/D

11/04/2009

Electronic Signature of Signing Officer or Director

Date