

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90052 003 ****70.00

DOCUMENT # N05000002075			
1. Entity Name VILLAGE AT THE FALLS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13100 SW 92ND AVENUE MIAMI, FL 33176		Mailing Address 9380 SW 108 STREET MIAMI, FL 33176	
2. Principal Place of Business - No P.O. Box # 13100 SW 92nd Ave Suite, Apt. #, etc. Clubhouse		3. Mailing Address 13100 SW 92nd Ave Suite, Apt. #, etc. Clubhouse	
City & State Miami, FL		City & State Miami, FL	
Zip 33176	Country USA	Zip 33176	Country USA
4. FEI Number 20-2416761		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01162008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MOREYRA, JOAQUIN J. 9380 SW 108 ST. MIAMI, FL 33176		7. Name and Address of New Registered Agent Name: Manuel Lorenzo Street Address (P.O. Box Number is Not Acceptable): 13100 S.W. 92nd Ave Clubhouse City: Miami FL Zip Code: 33176	
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: Manuel Lorenzo (President)		 <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE: 01/16/08
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: LORENZO, MANUEL STREET ADDRESS: 13120 S.W. 92ND AVE UNIT B116 CITY-ST-ZIP: MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: PINO, GUSTAVO STREET ADDRESS: 13120 S.W. 92ND AVE UNIT B405 CITY-ST-ZIP: MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Manuel Lorenzo		 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 01/16/08
			DAYTIME PHONE #: (305) 251-2521