2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000012050

Oct 24, 2008 Secretary of State

Entity Name: THE VILLAGE AT BEACON LAKES CONDOMINIUM NUMBER ONE ASSOCIATION, INC.

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

2855 LEJEUNE ROAD 1970 NW 129TH AVENUE

4TH FLOOR SUITE 101 CORAL GABLES, FL 33134 SUITE 101 MIAMI, FL 33182

Current Mailing Address: New Mailing Address:

2855 LEJEUNE ROAD 1970 NW 129TH AVENUE

4TH FLOOR SUITE 101 CORAL GABLES, FL 33134 SUITE 101 MIAMI, FL 33182

FEI Number: 20-8275411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US
GREENSLEEVES INC
9774 SW 60TH STREET
MIAMI, FL 33173 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: JAMES ZIESLER 10/24/2008

Electronic Signature of Registered Agent Date

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

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

 Name:
 ROMERO, RAFAEL
 Name:
 ZIESLER, JAMES

 Address:
 2855 LEJEUNE ROAD, 4TH FLOOR
 Address:
 1970 NW 129TH AVENUE

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 MIAMI, FL 33182

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

 Name:
 LATTA, BRIAN
 Name:
 JIMENEZ, MARIA

 Address:
 2855 LEJEUNE ROAD, 4TH FLOOR
 Address:
 1970 NW 129TH AVENUE

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 MIAMI, FL 33182

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

 Name:
 SMITH, MARK
 Name:
 LLAVATA, JOSE LUIS

 Address:
 2855 LEJEUNE ROAD, 4TH FLOOR
 Address:
 970 NW 129TH AVENUE

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 MIAMI, FL 33182

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: JAMES ZIESLER PD 10/24/2008