

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90045 027 ****61.25

DOCUMENT # N37841

1. Entity Name

COLONIAL VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20 ALHAMBRA CIRCLE
 APT. 1
 CORAL GABLES FL 33134

20 ALHAMBRA CIRCLE
 APT. 1
 CORAL GABLES FL 33134

00001010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20 ALHAMBRA CIRCLE
 Suite, Apt. #, etc.
 APT. 10

20 ALHAMBRA CIRCLE
 Suite, Apt. #, etc.
 APT. 10

City & State
 CORAL GABLES, FL

City & State
 CORAL GABLES, FL

4. FEI Number
 65-0199208

Applied For
 Not Applicable

Zip
 33134

Country

Zip
 33134

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONCI, JEFF
 20 ALHAMBRA CIRCLE
 APT #1
 CORAL GABLES FL 33134

Name
 LETICIA OROPESA
 Street Address (P.O. Box Number is Not Acceptable)
 20 ALHAMBRA CIRCLE #10
 City
 CORAL GABLES FL Zip Code
 33137

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.

SIGNATURE LETICIA OROPESA *[Signature]* 4/26/02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	OROPESA, LETICIA	
STREET ADDRESS	20 ALHAMBRA CIRCLE #10	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMIREZ, ROBERT	
STREET ADDRESS	3416 ANDERSON RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RONCI, JEFF	
STREET ADDRESS	20 ALBAMBRA CIRCLE #1	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUET, ANA	
STREET ADDRESS	20 ALBAMBRA CIRCLE #12	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: LETICIA OROPESA *[Signature]* 4/26/02 305 442 1725
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/01)