

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90215 040 \*\*\*\*61.25

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<b>DOCUMENT # N37841</b>					
1. Entity Name COLONIAL VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 20 ALHAMBRA CIRCLE APT. 10 CORAL GABLES, FL 33134			Mailing Address 20 ALHAMBRA CIRCLE APT. 10 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 12		Suite, Apt. #, etc. 12			
City & State		City & State		4. FEI Number 65-0199208	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OROPESA, LETICIA 20 ALHAMBRA CIRCLE APT. 10 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Ana F. Crucet Street Address (P.O. Box Number is Not Acceptable) 20 Alhambra Circle #12 City Coral Gables FL Zip 33134		
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 <i>Ana F. Crucet</i> DATE 4/25/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
Filing Fee is \$61.25 Due by May 1, 2005		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 OROPESA, LETICIA	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20 ALHAMBRA CIRCLE #10		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE TD	NAME RAMIREZ, ROBERT	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3416 ANDERSON RD.		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE VD	NAME RONCI, JEFF	<input type="checkbox"/> Delete	TITLE PD	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20 ALBAMBRA CIRCLE #1		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE SD	NAME CRUCET, ANA	<input type="checkbox"/> Delete	TITLE VD	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20 ALBAMBRA CIRCLE #12		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE SD	NAME Lydia MANNERS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	20 Alhambra Circle #8	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Ana F. Crucet</i>		DATE: 4/25/05		DAYTIME PHONE #: (305) 444-7033	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					