


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90014 048 ****61.25

DOCUMENT # N37841 1. Entity Name COLONIAL VILLAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 20 ALHAMBRA CIRCLE APT. 12 CORAL GABLES, FL 33134	Mailing Address 20 ALHAMBRA CIRCLE APT. 12 CORAL GABLES, FL 33134
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40027727



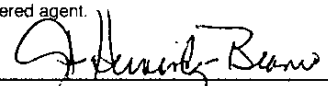
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02252007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0199208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNÁNDO-BRAVO, ANA F 20 ALHAMBRA CIRCLE #12 CORAL GABLES, FL 33134	Name ANA F. HERNÁNDEZ - BRAVO Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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:  _____ DATE _____

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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete MANNERS, LYDIA 20 ALHAMBRA CIRCLE #8 CORAL GABLES, FL 33134	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete RAMIREZ, ROBERT 3416 ANDERSON RD. CORAL GABLES, FL 33134	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete RONCI, JEFF 20 ALBAMBRA CIRCLE #1 CORAL GABLES, FL 33134	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert VERGARA 20 Alhambra Circle #7 CORAL Gables, FL 33134
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete HERNÁNDO-BRAVO, ANA F 20 ALHAMBRA CIR, # 12 CORAL GABLES, FL 33134	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANA F. HERNÁNDEZ - BRAVO 20 Alhambra Circle #12 CORAL Gables, FL 33134
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jose Venegas 20 Alhambra Circle #10 CORAL Gables, FL 33134
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 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: ANA F. HERNÁNDEZ - BRAVO Ana F. Hernandez-Bravo 02/25/07 (305) 444-7033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #