


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N39555 1. Entity Name VILLAS DE ANTIGUA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business PO BOX 140785 CORAL GABLES, FL 33114-0785 US	Mailing Address 609 ALMERIA AVENUE #201 CORAL GABLES, FL 33134
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02062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0216392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEFAN, NASRY J
10705 NW 33ST
SUITE 150
MIAMI, FL 33172

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEFAN, NASRY J 547 ALNAMBRA CIR. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BERMUDEZ, MARIA 609 ALMERIA AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOLINA, GILDA 4446 S.W. 9TH LANE MIAMI, FL
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02/12/04-80027-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Maria L Bermudez 2/11/04 305 446 0092
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #