

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39555

FILED
Mar 01, 2006
Secretary of State

Entity Name: VILLAS DE ANTIGUA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 140785
CORAL GABLES, FL 331140785 US

New Principal Place of Business:

Current Mailing Address:

609 ALMERIA AVENUE
#201
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0216392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STEFAN, NASRY J
10705 NW 33ST
SUITE 100
MIAMI, FL 33172 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: _____

Electronic Signature of Registered Agent

03/01/2006

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEFAN, NASRY J
Address: 547 ALNAMBRA CIR.
City-St-Zip: CORAL GABLES, FL

Title: TT () Delete
Name: BERMUDEZ, MARIA,
Address: 609 ALMERIA AVE.
City-St-Zip: CORAL GABLES, FL

Title: ST () Delete
Name: MOLINA, GILDA,
Address: 4446 S.W. 9TH LANE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEFAN, NASRY J
Address: 547 ALHAMBRA CIR.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TT (X) Change () Addition
Name: BERMUDEZ, MARIA,
Address: 609 ALMERIA AVE.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ST (X) Change () Addition
Name: MOLINA, GILDA,
Address: 4446 S.W. 9TH LANE
City-St-Zip: MIAMI, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA BERMUDEZ

Electronic Signature of Signing Officer or Director

TT

03/01/2006

Date