

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39555

FILED  
Mar 11, 2007  
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:**

609 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**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 100  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BERMUDEZ, MARIA

ST

03/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date