
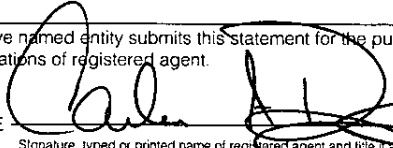
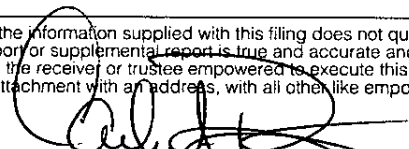


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90035 014 \*\*\*\*61.25

DOCUMENT # N94000001416					
1. Entity Name HABITAT VILLAS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business C&R MANAGEMENT 7100 SW 99 AVE #209 MIAMI FL 33173 US		Mailing Address PO BOX 832557 MIAMI FL 33283 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0483394	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILLAS, HABITAT C/O COMPLETE RELIABLE 7100 S.W 99 AVE #204 MIAMI FL 33173			7. Name and Address of New Registered Agent Name: Carlos - Ramirez Street Address (P.O. Box Numbers Not Acceptable): C/O Complete & Reliable 7100 S.W 99 Ave 102 City: Miami FL Zip Code: 33173		
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: 		Signature, typed or printed name of registered agent and title if applicable		Carlos A. Ramirez, 3/2/04 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	DP	<input type="checkbox"/> Delete	TITLE	D Adrian Ladler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, SHIRLEY		NAME	12229 S.W 203 rd	
STREET ADDRESS	20174 SW 122 CT EAST		STREET ADDRESS	Miami, FL. 33177	
CITY-ST-ZIP	MIAMI FL 33177		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D Valerie Weathers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMOS, MARIA		NAME	20247 S.W 122 ct E	
STREET ADDRESS	12220 SW 203 ST		STREET ADDRESS	Miami, FL. 33177	
CITY-ST-ZIP	MIAMI FL 33177		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, JUDY		NAME		
STREET ADDRESS	7100 SW 99 AVE 204		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		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		
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		
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 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/2/04 Date	
				305-598-4068 Daytime Phone #	