


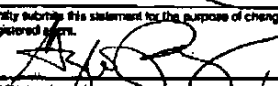
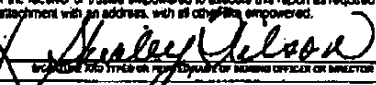
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/17/2007-90027-030-\$61.25-\$61.25

FILED

2007 SEP 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001416 1. Entity Name HABITAT VILLAS COMMUNITY ASSOCIATION, INC.			
Principal Place of Business C&R MANAGEMENT 7100 SW 99 AVE #203 MIAMI, FL 33173 US		Mailing Address PO BOX 832557 MIAMI, FL 33283 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0483394		Accepted For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, CARLOS C/O COMPLETE-RELIABLE 7100 S.W. 99 AVE #103 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Gonzalo Perez Jr. P.A. Street Address (P.O. Box Number if Not Applicable) 8125 NW 18 Ter #303 Doral FL 33177	
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 		Gonzalo Perez, Jr., Esq. 9/4/07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN (6)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RANOS, MARIA 12220 SW 203 ST MIAMI, FL 33177	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Action
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, SHIRLEY 20174 SW 122 CT EAST MIAMI, FL 33177	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Action
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADLER, ADRIAN 12220 SW 203 ST MIAMI, FL 33177	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Action
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEATHERS, VALERIE 20247 SW 122 CT E MIAMI, FL 33177	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Action
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Smith 10748 3227 Miami, FL 33177	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Action
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Action
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made in person. 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 changes empowered.			
SIGNATURE: 		07-18-07	

Handwritten initials