


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90004 016 ****61.25

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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 - No P.O. Box #
7100 SW 99 Ave

3. Mailing Address

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33173 USA

Zip Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0483394

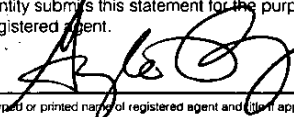
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~PEREZ GONZALO JR
 8125 NW 18 TERRACE
 #303
 DORAL, FL 33177~~

7. Name and Address of New Registered Agent
 Name
Gonzalo Perez Jr P.A.
 Street Address (P.O. Box Number is Not Acceptable)
MTS Coral Way
 City
Miami FL Zip Code
33155

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  DATE _____

Signature, typed or printed name of registered agent and (if not applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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 P NAME WILSON, SHIRLEY STREET ADDRESS 20174 SW 122 CT EAST CITY-ST-ZIP MIAMI, FL 33177 | <input type="checkbox"/> Delete | TITLE P NAME Wilson, Shirley STREET ADDRESS 7100 SW 99 Ave #102 CITY-ST-ZIP Miami, FL 33173 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME LADLER, ADRIAN STREET ADDRESS 12229 SW 203 ST CITY-ST-ZIP MIAMI, FL 33177 | <input type="checkbox"/> Delete | TITLE D NAME Ladler, Adrian STREET ADDRESS 7100 SW 99 Ave #102 CITY-ST-ZIP Miami, FL 33173 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME WEATHERS, VALERIE STREET ADDRESS 20247 SW 122 CT E CITY-ST-ZIP MIAMI, FL 33177 | <input type="checkbox"/> Delete | TITLE VP NAME Weathers, Valerie STREET ADDRESS 7100 SW 99 Ave #102 CITY-ST-ZIP Miami, FL 33173 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME SMITH, CHARLES STREET ADDRESS PO BOX 832557 CITY-ST-ZIP MIAMI, FL 33283 | <input type="checkbox"/> Delete | TITLE D NAME Smith, Charles STREET ADDRESS 7100 SW 99 Ave #102 CITY-ST-ZIP Miami, FL 33173 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE _____ DAYTIME PHONE # **(305) 598-4068**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR