

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002846

FILED  
Jun 08, 2009  
Secretary of State

Entity Name: THE EXOTIC VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1605 MICHIGAN AVE.  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1605 MICHIGAN AVE.  
MIAMI BEACH, FL 33139

**New Mailing Address:**

949 ALAMEDA WAY  
SARASOTA, FL 34234

FEI Number: 65-0500410      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GOLLOP, BARRY  
1605 MICHIGAN AVE.  
MIAMI BEACH, FL 33139      US

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

CRAMER, PAUL  
949 ALAMEDA WAY  
SARASOTA, FL 34234      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: PAUL CRAMER

06/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: GOLLOP, BARRY  
Address: 1605 MICHIGAN AVE.  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD      ( ) Delete  
Name: SCHOEMANN, JOHN  
Address: 911 N. GOLF DR.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD      ( ) Delete  
Name: DIMURO, GIUSEPPE  
Address: 945 16TH ST.  
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: PSD      (X) Change ( ) Addition  
Name: SANTA CRUZ, CARLOS  
Address: 1125 S ALHAMBRA CIR  
City-St-Zip: CORAL GABLES, FL 33146

Title: VD      (X) Change ( ) Addition  
Name: LORENZO, AIDA  
Address: 1300 LINCOLN RD APT 504  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD      (X) Change ( ) Addition  
Name: CRAMER, PAUL  
Address: 949 ALAMEDA WAY  
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify 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: PAUL CRAMER

TD

06/08/2009

Electronic Signature of Signing Officer or Director

Date