## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N9700006475 (4)

Mar 02 1998 8:00am Secretary of State

VILLA REAL CONDOMINIUM NO. 7 ASSOCIATION, INC.												
Principal Place of Business			М	Mailing Address					a fabririon dem ranka kodir dalah adala bahir 1934 ti di	ANT BINIT BIBLI II		
11030 NORTH KENDALL DRIVE SUITE 100			\$UI	11030 NORTH KENDALL DRIVE SUITE 100				F	3. Date Incorporated or Qualified 11/18/1997			
MIAMI FL 33176			MIA	MI FL 33176					4. FEI Number	<del></del>	pplied For	
2. Principal Place of Business				20 Mailion Address					65-0805452		ot Applicable	
21	ace of busif	Iess	<b>├</b> ──	2a. Mailing Address 28					5. Certificate of Status Desired		Additional equired	
Suite, Apt. #, etc.				Suite, Apt. Jenus R., Gonzales 27 2160 S.W. 137 Place					6. Election Campaign Financing	\$5.00	<del> </del>	
22				27 2160 S.W. 137 Place City & State Miami, FL 33175				Trust Fund Contribution	Added to			
City & State				28				7. Is this nonprofit corporation a homeowners association?  Yes No				
Zip	Country			·		Country			8. This corporation owes or has paid the cu	_		
24	25 9. Name and Address of Currer								Personal Property Tax due June 30.  10. Name and Address of New Registered		□ No	
		4.14 / 44 / 44				81	Name					
PARRONI	DO, MAYRA	١				82	Street	Address	s (P.O. Box Number Is Not Acceptable)		<del></del>	
11030 NORTH KENDALL DRIVE						83	0110017		s (1.0. Box Hallier is Not Addeptable)			
SUITE 100												
Miami Fl	33176					84	City		FL	85 Zip	Code	
11. Pursuant	to the provis	lons of Sections 617.	0502 and 6	17.1508, Florida Sta	atutes, the	above	-named	corpora			ts registered	
office or r	egistered ag m familiar w	ent, or both, in the Sith, and accept the o	tate of Flori	da Such change wa 1. Section 617.0503.	as authori . Florida S	zed by	the corp	oration'	ation submits this statement for the purpose of some statement of directors. I hereby accept the appropriate the second of directors and second of the secon	cointment as	registered	
SIGNATURE		. ,		,	, , , , , , , , ,		- <del>-</del>					
	Signature, typed	or printed name of registere					n1 signature	required w	when reinstating) DATE			
12.	,	OFFICERS	AND DIREC		1;				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	00 111001		[_] DELETE		1 TITLE 2 NAME			1	☐ Change	☐ Addition	
NAME STREET ADDRESS		DO, MAYRA ORTH KENDALL D	D CHITE				ADDDCCC					
CITY-ST-ZIP	MIAMI FL		n., SUITE				1.3 STREET ADDRESS 1.4 City - ST - ZIP		-			
TITLE	SD	99119	,	☐ DELETE		1 TITLE				Change	☐ Addition	
NAME	AVILA, RIGOBERTO					2.2 NAME						
STREET ADDRESS		ORTH KENDALL D	R., SUITE	SUITE 100			2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL						2 4 CITY-ST-ZIP					
TITLE	TD	☐ DELETE		3.1 TITLE				L Change	Addition			
NAME	GONZALEZ, EVELYN											
STREET ADDRESS		ORTH KENDALL D	R., SUITE				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
CITY-ST-ZIP TITLE	_MIAMI_FL	_331/6		DELETE		4. CITY-S 1 TITLE	SI-ZIP			Change	Addition	
NAME						2 NAME	ļ					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					4.	4 CITY - S	T-ZIP					
TITLE				☐ DELETE	5.	1 TITLE				Change	☐ AddItion	
NAME					5.	2 NAME						
STREET ADDRESS					5.	3 STREET	ADDRESS					
CITY-ST-ZIP				☐ DELETE		4 CITY-S	T-ZIP			Change	☐ Addition	
TITLE				₩ DETELE	1	1 TITLE 2 NAME				CHAING COL	ווטמווטא ניייז	
NAME Street Address						2 NAME 2 STREET	ADDRESS					
CITY-ST-ZIP					- 1	a Sineei 4 City - S						
14. I hereby of indicated officer or	on this annu director of th	al report or supplem	ental annua receiver or	il report is true and i trustee empowered	fy for the accurate	exemp	tion state at my sig	nature s	ection 119.07(3)(i), Florida Statutes. I further c shall have the same legal effect as if made u ed by Chapter 617, Florida Statutes; and that	nder oath; th	at I am an	