

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90044 043 \*\*\*\*70.00

**DOCUMENT # N00000006688**



1. Entity Name  
VILLA ENCANTADA CONDOMINIUM NO. 2  
ASSOCIATION, INC.

Principal Place of Business  
15711 SW 137 AVE., 103  
MIAMI, FL 33177

Mailing Address  
C/O M&C ASSOC.  
13200 SW 128ST  
MIAMI, FL 33186

94022208



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**M & E ASSOCIATES OF MIAMI, INC.**

Suite, Apt. #, etc.

**M & E ASSOCIATES OF MIAMI, INC.**

City **13200 S.W. 128th Street, Suite F3**  
**Miami, FL 33186**

City **13200 S.W. 128th Street, Suite F3**  
**Miami, FL 33186**

01282004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
65-1042966

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SKRLD, INC.  
204 ALHAMBRA CIR., STE 1102  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

TITLE **TD** ☐ Delete  
NAME **CLUZ, ENRIGUC A**  
STREET ADDRESS **15711 SW 137 AVE., 103**  
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **SD** ☐ Delete  
NAME **OSORIO, AMBLIZI**  
STREET ADDRESS **15751 SW 137 AVE., #201**  
CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **PD** ☒ Delete  
NAME **GALLNANES, ROBERTO**  
STREET ADDRESS **15771 SW 137 AVE., #103**  
CITY-ST-ZIP **MIAMI, FL 33170**

TITLE **D** ☒ Delete  
NAME **GALINANES, ROBERTO**  
STREET ADDRESS **15771 S.W. 137TH AVENUE, #103**  
CITY-ST-ZIP **MIAMI, FL 33170**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition  
NAME **Cruz, Enrique A.**  
STREET ADDRESS **15751 SW 137 Avenue #103**  
CITY-ST-ZIP **Miami, FL 33173**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Osorio, Gabriel**  
STREET ADDRESS **15751 SW 137 Avenue #201**  
CITY-ST-ZIP **Miami, FL 33173**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Galinanes, Roberto**  
STREET ADDRESS **15771 SW 137 Avenue #103**  
CITY-ST-ZIP **Miami, FL 33173**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

2/26/04

Date

Daytime Phone #