

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90046 042 ****70.00

DOCUMENT # N05000000116					
1. Entity Name SHOPPES OF IL VILLAGGIO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1451 OCEAN DRIVE SUITE 104 MIAMI BEACH, FL 33139			Mailing Address 1451 OCEAN DRIVE SUITE 104 MIAMI BEACH, FL 33139		
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	04302007 Chg-NP CR2E037 (12/06)	
4. FEI Number 02-0735767				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 BARNES, MARCELLO <input checked="" type="checkbox"/> Delete		TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Sofia Joelsson	
STREET ADDRESS 1451 OCEAN DRIVE SUITE 104	STREET ADDRESS 1451 OCEAN DRIVE SUITE 104		STREET ADDRESS 1451 Ocean Drive, Suite 204	STREET ADDRESS 1451 Ocean Drive, Suite 204	
CITY-ST-ZIP MIAMI BEACH, FL 33139	CITY-ST-ZIP MIAMI BEACH, FL 33139		CITY-ST-ZIP MIAMI BEACH, FL 33139	CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE V	NAME GARCIA, ALEX <input type="checkbox"/> Delete		TITLE Secretary, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Alex Garcia	
STREET ADDRESS 1451 OCEAN DRIVE SUITE 104	STREET ADDRESS 1451 OCEAN DRIVE SUITE 104		STREET ADDRESS 1451 Ocean Drive, # 104	STREET ADDRESS 1451 Ocean Drive, # 104	
CITY-ST-ZIP MIAMI BEACH, FL 33139	CITY-ST-ZIP MIAMI BEACH, FL 33139		CITY-ST-ZIP MIAMI BEACH, FL 33139	CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE ST	NAME ROMERO, LUIS A <input checked="" type="checkbox"/> Delete		TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Gary Levinson	
STREET ADDRESS 1451 OCEAN DRIVE SUITE 104	STREET ADDRESS 1451 OCEAN DRIVE SUITE 104		STREET ADDRESS 1451 Ocean Drive, # 205	STREET ADDRESS 1451 Ocean Drive, # 205	
CITY-ST-ZIP MIAMI BEACH, FL 33139	CITY-ST-ZIP MIAMI BEACH, FL 33139		CITY-ST-ZIP MIAMI BEACH, FL 33139	CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE 	NAME <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
TITLE 	NAME <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	STREET ADDRESS 		STREET ADDRESS 	STREET ADDRESS 	
CITY-ST-ZIP 	CITY-ST-ZIP 		CITY-ST-ZIP 	CITY-ST-ZIP 	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	