## I hereby 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 all other like empowered.

## SIGNATURE: ISABEL GONZALEZ

Electronic Signature of Signing Officer/Director Detail

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.

						-	3
<b>Officer/Director</b>	C	)	e	ta	ail	÷	

Officer/Director Detail :									
	Title	PSD	Title	TD					
	Name	GONZALEZ, ISABEL	Name	GONZALEZ, JORGE A.					
	Address	3990 W. 14TH AVE	Address	3990 W. 14TH AVE					
	City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012					
	Title	VPD							
	Name	DIAZ, LEILANI							
	Address	3990 W 14TH AVENUE							
	City-State-Zip:	HIALEAH 33012							

## FEI Number: NOT APPLICABLE

**Current Principal Place of Business:** 

Name and Address of Current Registered Agent:

3990 WEST 14TH AVENUE HIALEAH, FL 33012

**Current Mailing Address:** 3990 WEST 14TH AVENUE HIALEAH, FL 33012

GONZALEZ, ISABEL 3990 WEST 14TH AVENUE HIALEAH, FL 33012 US

SIGNATURE:

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT# 769042** 

## Entity Name: LAS VILLAS CONDOMINIUM NO. 6/5 ASSOCIATION, INC.

Certificate of Status Desired: No

PRESIDENT

FILED Jan 08, 2017 Secretary of State CC0442635057

Date

Date

01/08/2017

Electronic Signature of Registered Agent