

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006484

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**0074614296CC**

**Entity Name:** VILLAS AT CARMEL CONDOMINIUM NO. 2 ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALTON MADISON PROP MGMT  
381 N KROME AVENUE, SUITE 205  
HOMESTEAD, FL 33030

**Current Mailing Address:**

C/O ALTON MADISON PROP MGMT  
381 N KROME AVENUE, SUITE 205  
HOMESTEAD, FL 33030 US

**FEI Number:** 20-0781577

**Certificate of Status Desired:** No

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

PAUL A. MCKENNA 7 ASSOCIATES, P.A.  
703 WATERFORD WAY  
SUITE 220  
MIAMI, FL 33126 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name ARMADA-INTERIAN, IVONNE  
Address 381 N KROME AVENUE, SUITE 205  
City-State-Zip: HOMESTEAD FL 33030

Title PRESIDENT, DIRECTOR  
Name MINERVINO, MARK  
Address 381 N KROME AVENUE 205  
City-State-Zip: HOMESTEAD FL 33030

Title VP, DIRECTOR, TREASURER  
Name BENCHETRIT , LUCY  
Address 381 N KROME AVENUE #205  
SUITE 205  
City-State-Zip: HOMESTEAD FL 33030

*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:** MARK MINERVINO

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04/30/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date