

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37841

**Entity Name:** COLONIAL VILLAS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jul 06, 2015**  
**Secretary of State**  
**CC2103705935**

**Current Principal Place of Business:**

20 ALHAMBRA CIRCLE  
APT. 12  
CORAL GABLES, FL 33134

**Current Mailing Address:**

20 ALHAMBRA CIRCLE  
APT. 12  
CORAL GABLES, FL 33134

**FEI Number: 65-0199208**

**Certificate of Status Desired: No**

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

HERNANDEZ-BRAVO, ANA F  
20 ALHAMBRA CIRCLE  
12  
CORAL GABLES, FL 33134 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 SD  
Name VERGARA, SAMIRA  
Address 20 ALHAMBRA CIRCLE  
APT. 12  
City-State-Zip: CORAL GABLES FL 33134

Title TD  
Name RAMIREZ, ROBERT  
Address 3416 ANDERSON RD.  
City-State-Zip: CORAL GABLES FL 33134

Title PD  
Name VERGARA, ROBERT  
Address 20 ALHAMBRA CIRCLE #7  
City-State-Zip: CORAL GABLES FL 33134

Title VD  
Name HERNANDEZ-BRAVO, ANA F  
Address 20 ALHAMBRA CIR, # 12  
City-State-Zip: CORAL GABLES FL 33134

Title VD  
Name SANCHEZ, ALEX  
Address 20 ALHAMBRA CIRCLE  
APT. 12  
City-State-Zip: CORAL GABLES FL 33134

Title SD  
Name VALERO, MAUDI  
Address 20 ALHAMBRA CIRCLE  
APT. 12  
City-State-Zip: CORAL GABLES FL 33134

*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: ANA F. HERNANDEZ-BRAVO**

**VD**

**07/06/2015**

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

\_\_\_\_\_  
Date