# SIGNATURE: ANA F.HERNANDEZ-BRAVO

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT
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#### DOCUMENT# N37841

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

### **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

## 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

		-
Officer/Director	Dotail ·	

City-State-Zip: CORAL GABLES FL 33134

above, or on an attachment with all other like empowered.

Offic	cer/Direc	ctor Detail :		
Title		SD	Title	TD
Name	e	VERGARA, SAMIRA	Name	RAMIREZ, ROBERT
Addre	ess	20 ALHAMBRA CIRCLE	Address	3416 ANDERSON RD.
City-S	State-Zip:	APT. 12 CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title		PD	Title	VD
Name	0	VERGARA, ROBERT	Name	HERNANDEZ-BRAVO, ANA F
		,	Address	20 ALHAMBRA CIR, # 12
Addre		20 ALHAMBRA CIRCLE #7	City-State-Zip:	CORAL GABLES FL 33134
City-	State-Zip:	CORAL GABLES FL 33134		
			Title	
Title		VD	Title	VD
Title Name	е	VD SANCHEZ, ALEX	Name	VALERO, MAUDI
Name Addre	ess	SANCHEZ, ALEX 20 ALHAMBRA CIRCLE APT. 12	Name	VALERO, MAUDI 20 ALHAMBRA CIRCLE APT. 12
Name Addre		SANCHEZ, ALEX 20 ALHAMBRA CIRCLE	Name Address	VALERO, MAUDI 20 ALHAMBRA CIRCLE APT. 12
Name Addre	ess	SANCHEZ, ALEX 20 ALHAMBRA CIRCLE APT. 12	Name Address	VALERO, MAUDI 20 ALHAMBRA CIRCLE APT. 12
Name Addre City-S	ess State-Zip:	SANCHEZ, ALEX 20 ALHAMBRA CIRCLE APT. 12 CORAL GABLES FL 33134	Name Address	VALERO, MAUDI 20 ALHAMBRA CIRCLE APT. 12
Name Addre City-S Title	ess State-Zip: e	SANCHEZ, ALEX 20 ALHAMBRA CIRCLE APT. 12 CORAL GABLES FL 33134 VP	Name Address	VALERO, MAUDI 20 ALHAMBRA CIRCLE APT. 12

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

VICE PRESIDENT

FILED Apr 20, 2018 Secretary of State CC5948098042

Certificate of Status Desired: No

Date

04/20/2018 Date