2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Jan 31, 2007 08:00 AM **DOCUMENT # 728754** 1. Entity Namo Secretary of State GREENGLADE VILLAS HOMEOWNERS' ASSOCIATION, Principal Place of Business Mailing Address 13116 S.W. 20TH TERRACE MIAMI FL 33175 13116 S.W. 20TH TERRACE **MIAMI FL 33175** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-1539278 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EUGENIO, ESCOBAR Street Address (P.O. Box Number is Not Acceptable) 13116 S.W. 20TH TERRACE **MIAMI FL 33175** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Repistered Agent statisture required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. IIILE Delete THIF ☐ Change Addition U00000614247 02/06/07-80017-018 61.25 ESCOBAR, EUGENIO NAME STREET ADDRESS STRLL I ADDRESS 13116 S.W. 20TH TERRACE CITY SI-ZIP **MIAMI FL 33175** CITY ST ZIP mu ☐ Delete IIIU ☐ Change ■ Addition NAME ESCOBAR, ANA M NAME STREET ADDRESS 13116 SW 20 TERRACE STREET ADDRESS City - ST- 7(P MIAMI FL 33175 CITY-ST-7IP TITLE HH Delete Change Addition HAM NAME CASTILLO, JUSTINA STREET ADDRESS STREET ADDRESS 13005 S.W. 18TH TERRACE CITY ST ZIP CITY ST-ZIP MIAMI FL 33175 ☐ Delete TITLE ☐ Change Addition \Box NAME NAME PRIETO, LUIS STREET ADDRESS 1916 S.W. 131 COURT STREET ADDRESS CITY ST ZIP CITY-ST-ZIP MIAMI FL 33175 ШЦ ☐ Defete TITLE Change Addition NAME TORRES, ARMANDO STREET ADDRESS 13100 S.W. 20TH TERRACE STREET ADDRESS CITY ST-ZIP **MIAMI FL 33175** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-72P CITY ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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