

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730864

FILED
Feb 02, 2009
Secretary of State

Entity Name: VILLA BISCAYA JARDINES CONDOMINIUM PHASE II, INC.

Current Principal Place of Business:

1431 NW 87 WAY
PEMBROKE PINES,, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

1431 NW 87 WAY
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 59-1712698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNIVERSAL MANAGEMENT SERVICES CORP
1431 NW 87 WAY
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROMEU, JULIO
Address: 4050 NW 135 ST, 11-15
City-St-Zip: OPA LOCKA, FL 33054 US

Title: SD () Delete
Name: RIVAS, MARTHA
Address: 4050 NW 135 ST BLDG 19 APT 9
City-St-Zip: OPA LOCKA, FL 33054 US

Title: T () Delete
Name: RIOS, DANIEL
Address: 4050 NW 135ST, 10-1
City-St-Zip: OPA LOCKA, FL 33054 US

Title: D () Delete
Name: VIDAL, MOISES
Address: 4050 NW 135 ST BLDG 11-1
City-St-Zip: OPA LOCKA, FL 33054

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ALEXIS, PROENZA
Address: 4050 NW 135 ST BLDG 11-6
City-St-Zip: OPA LOCKA,, FL 33054

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIO ROMEU

PD

02/02/2009

Electronic Signature of Signing Officer or Director

Date