2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# 735709

Entity Name: VERSAILLES GARDENS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9430 W FLAGLER ST
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

9430 W FLAGLER ST
MIAMI, FL 33174

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAGA, ANA H
9430 W. FLAGLER STREET
MIAMI, FL 33174 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: P ( ) Delete
Name: FRAGA, ANA A
Address: 9430 WEST FLAGLER ST.
City-St-Zip: MIAMI, FL 33174

Title: T ( ) Delete
Name: MOUSEL, SUSANA
Address: 9430 W. FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

Title: DVS ( ) Delete
Name: NAUMANN, CARMEN C
Address: 9430 W FLAGLER ST
City-St-Zip: MIAMI, FL 33174

Title: DS ( ) Delete
Name: DOMINGUEZ, ZOILA
Address: 9430 W FLAGLER ST
City-St-Zip: MIAMI, FL 33174

Title: DVP ( ) Delete
Name: PONTON, SERGIO
Address: 9430 W FLAGLER ST
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete
Name: PEDROSO, ANA M
Address: 9430 W. FLAGLER STREET
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: NAUMANN, CARMEN C
Address: 9430 W FLAGLER ST
City-St-Zip: MIAMI, FL 33174

Title: DVS (X) Change ( ) Addition
Name: MANSFERRER, TAMARA
Address: 9430 W FLAGLER ST
City-St-Zip: MIAMI, FL 33174

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

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

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: ANA H. FRAGA P 05/06/2009

Electronic Signature of Signing Officer or Director Date