

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737236 (0)

1. Corporation Name
VILLAS CONDOMINIUM, INC.



Principal Place of Business 6514 KENDALE LAKES DRIVE MIAMI FL 33183-1822	Mailing Address C/O THE CONTINENTAL GROUP 12079 SW 131 AVE MIAMI FL 33186
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3. Date Incorporated or Qualified 11/05/1976	
4. FEI Number 59-1699832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BARNET, LIONEL 9100 S. DADELAND BLVD., #404 MIAMI FL 33156		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME RICCARDI, JEAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6530 KENDALE LAKES DR, VILLA 1302	CITY-ST-ZIP MIAMI FL	1.2 NAME	
TITLE PD	NAME ABBOTT, ROBERT	1.3 STREET ADDRESS	
STREET ADDRESS 6512 KENDALE LAKES DR., VILLA 902	CITY-ST-ZIP MIAMI FL	1.4 CITY-ST-ZIP	
TITLE TD	NAME SUCHMAN, SIDNEY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6530 KENDALE LAKES DR., VILLA 1303	CITY-ST-ZIP MIAMI FL	2.2 NAME	
TITLE D	NAME GIRALDEZ, SERGIO	2.3 STREET ADDRESS	
STREET ADDRESS 6502 KENDALE LAKES DR VILLA 205	CITY-ST-ZIP MIAMI FL	2.4 CITY-ST-ZIP	
TITLE D	NAME CHRISTENSEN, RAY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6500 KENDALE LAKE DRIVE VILLA 106	CITY-ST-ZIP MIAMI FL	3.2 NAME	
TITLE D	NAME VARELA, DONNA	3.3 STREET ADDRESS	
STREET ADDRESS 6518 KENDAL LAKES DR VILLA 808	CITY-ST-ZIP MIAMI FL	3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

D Jim Barry 6502 Kendale Lakes Dr. #207 Miami, FL
D Chris Varela 6518 Kendale Lakes Dr. #808 Miami, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **(305) 255-3000**

CR2E037 (10/97)