

Amended  
 SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 AUG -4 AM 11:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 737236

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 12070 SW 181 AVE MIAMI FL 33186



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. C/O GUARANTEE NGMT SVCS	11/05/1976
22. City & State	27. 111 FOUNTAINBLEAU BLVD.	4. FEI Number
23. Zip	28. MIAMI, FL	59-1699832
24. Country	29. 33172	5. Certificate of Status Desired
	30. USA	Not Applicable
		6. Election Campaign Financing Trust Fund Contribution
		\$8.75 Additional Fee Required
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARNET, DIONEL 9100 S DADELAND BLVD #404 MIAMI FL 33156	81. Name: LISA LEWEL, ESQ. 82. Street Address: 201 ALHAMBRA CIRCLE 83. SUITE 1102 84. City: CORAL GABLES FL 85. Zip Code: 33134

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: [Signature] DATE: 7/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: RICCARDI, JEAN	1.1 TITLE: TREASURER	NAME: GIORIA ROCHFORD
STREET ADDRESS: 6530 KENDALE LAKES DR, VILLA 1302	CITY-ST-ZIP: MIAMI FL	1.2 NAME: GIORIA ROCHFORD	1.3 STREET ADDRESS: 4514 KENDALE LAKES DRIVE, # 704
TITLE: PD	NAME: ABBOTT, ROBERT	1.4 CITY-ST-ZIP: MIAMI, FLA 33183	2.1 TITLE: DIRECTOR
STREET ADDRESS: 6512 KENDALE LAKES DR., VILLA 902	CITY-ST-ZIP: MIAMI FL	2.2 NAME: MICHEL BERARD	2.3 STREET ADDRESS: 6502 KENDALE LAKES DRIVE, # 201
TITLE: TD	NAME: SUCHMAN, SIDNEY	2.4 CITY-ST-ZIP: MIAMI, FLA 33183	3.1 TITLE: DIRECTOR
STREET ADDRESS: 6530 KENDALE LAKES DR., VILLA 1303	CITY-ST-ZIP: MIAMI FL	3.2 NAME: SUCHMAN, SIDNEY	3.3 STREET ADDRESS: 6530 KENDALE LAKES DRIVE, # 1303
TITLE: D	NAME: GIRALDEZ, SERGIO	3.4 CITY-ST-ZIP: MIAMI, FLA 33183	4.1 TITLE: VICE PRESIDENT AND ASST. SEC.
STREET ADDRESS: 6502 KENDALE LAKES DR VILLA 205	CITY-ST-ZIP: MIAMI FL	4.2 NAME: ARTHUR SCOTT	4.3 STREET ADDRESS: 6526 KENDALE LAKES DRIVE, # 1405
TITLE: D	NAME: JIM BARRY	4.4 CITY-ST-ZIP: MIAMI, FLA 33183	5.1 TITLE: PRESIDENT
STREET ADDRESS: 6502 KENDALE LAKES DR #207	CITY-ST-ZIP: MIAMI FL	5.2 NAME: CHRIS VARELA	5.3 STREET ADDRESS: 6518 KENDALE LAKES DRIVE, # 808
TITLE: D	NAME: CHRIS VARELA	5.4 CITY-ST-ZIP: MIAMI, FLA 33183	6.1 TITLE: PRESIDENT
STREET ADDRESS: 6518 KENDALE LAKES DR #808	CITY-ST-ZIP: MIAMI FL	6.2 NAME: CHRIS VARELA	6.3 STREET ADDRESS: 6518 KENDALE LAKES DRIVE, # 808
		6.4 CITY-ST-ZIP: MIAMI, FLA 33183	

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 7/14/99 DAYTIME PHONE #: (305) 359-4100

CR2E037 (5/99)