

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90277 037 ****61.25

DOCUMENT # 737236

1. Entity Name
VILLAS CONDOMINIUM, INC.

GUAR200 331260296 1003 03 01/08/04
 NOTIFY SENDER OF NEW ADDRESS
 GUARANTEE MANAGEMENT SERVICES
 6925 NW 42ND ST
 MIAMI FL 33166-6820



J4UJ4414



Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262004	Chg-NP	CR2E037 (10/03)
City & State		City & State		4. FEI Number	Applied For	
Zip		Country		59-1699832	Not Applicable	
				5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SKRLD, INC. 201 ALHAMBRA CIR., SUITE 1102 CORAL GABLES, FL 33134				Name THEODORE R BAYER			
				Street Address (P.O. Box Number is Not Acceptable) 9400 S DADELAND BLVD			
				SUITE 300			
				City MIAMI		FL Zip Code 33156	

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: *Theodore Bayer* DATE: 4/12/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGELIS, ANGIE			NAME	D Robert Abbot		
STREET ADDRESS	6528 KENDALE LAKES DR # 1202			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VARELA, CHRIS			NAME			
STREET ADDRESS	6518 KENDALE LAKES DR #808			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLANCO, CLAUDIO			NAME			
STREET ADDRESS	6526 KENDALE LAKES DR., #1410			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICARDI, JEAN F			NAME			
STREET ADDRESS	6530 KENDALE LAKES DRIVE - UNIT 1302			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALDES, ARMANDO			NAME			
STREET ADDRESS	6524 KENDALE LAKES DR #1508			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUCHMAN, SID			NAME			
STREET ADDRESS	6530 KENDALE LAKES DRIVE - UNIT 503			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/12/04 (305) 262-6120 ext 318

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR