


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90013 027 ****61.25

DOCUMENT # 737236					
1. Entity Name VILLAS CONDOMINIUM, INC.					
Principal Place of Business GUARANTEE MANAGEMENT SERVICES 6925 NW 42ND ST MIAMI, FL 33166-6820			Mailing Address GUARANTEE MANAGEMENT SERVICES 6925 NW 42ND ST MIAMI, FL 33166-6820		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1699832	
				Applied For 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		
BAYER, THEODORE R 9400 S. DADELAND BLVD SUITE 300 MIAMI, FL 33156			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Robert Abbott, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGELIS, ANGIE		NAME		
STREET ADDRESS	6528 KENDALE LAKES DR # 1202		STREET ADDRESS	6512 KENDALE LAKES DR # 902	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	Miami, FL 33183	
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 Treasurer	<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 checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUCHMAN, SID		NAME	VIC ATKINSON	
STREET ADDRESS	6530 KENDALE LAKES DRIVE - UNIT 503		STREET ADDRESS	6502 KENDALE LAKES DR #201	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	MIAMI, FL 33183	
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: _____			03-28-05 305-479-8155		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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