

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90040 032 ****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

40020943



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1699832

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$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** Delete
 NAME **ANGELIS, ANGIE**
 STREET ADDRESS **6528 KENDALE LAKES DR # 1202**
 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **VARELA, CHRIS**
 STREET ADDRESS **6518 KENDALE LAKES DR #808**
 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **BLANCO, CLAUDIO**
 STREET ADDRESS **6526 KENDALE LAKES DR., #1410**
 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RICARDI, JEAN F**
 STREET ADDRESS **6530 KENDALE LAKES DRIVE - UNIT 1302**
 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **VALDES, ARMANDO**
 STREET ADDRESS **6524 KENDALE LAKES DR #1508**
 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ABBOTT, ROBERT**
 STREET ADDRESS **6512 KENDALE LAKES DR # 902**
 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/07

Date

Daytime Phone #