




**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 737236</b>			
1. Entity Name <b>VILLAS CONDOMINIUM, INC.</b>			
Principal Place of Business <b>GUARANTEE MANAGEMENT SERVICES 6925 NW 42ND ST MIAMI, FL 33166-6820</b>		Mailing Address <b>GUARANTEE MANAGEMENT SERVICES 6925 NW 42ND ST MIAMI, FL 33166-6820</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1898832</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BAYER, THEODORE R 9400 S. DADELAND BLVD SUITE 300 MIAMI, FL 33158</b>		7. Name and Address of New Registered Agent Name <b>Fein Steven ESO.</b> Street Address (P.O. Box Number is Not Acceptable) <b>900 South State Road</b> City <b>Plantation</b> FL Zip Code <b>33317</b>	
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:  DATE: <b>4/21/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2008</b>		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			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>SD</b>	NAME <b>ANGELIS, ANGIE</b>	TITLE <b>VP</b>	NAME <b>Dehora Green</b>
STREET ADDRESS <b>6528 KENDALE LAKES DR # 1202</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>	STREET ADDRESS <b>6520 KENDALE LAKES DR, #1001</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE <b>P</b>	NAME <b>VARELA, CHRIS</b>	TITLE <b>TD</b>	NAME <b>Mercedes Gomez</b>
STREET ADDRESS <b>8518 KENDALE LAKES DR #808</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>	STREET ADDRESS <b>6518 KENDALE LAKES DR # 805</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE <b>DT</b>	NAME <b>BLANCO, CLAUDIO</b>	TITLE <b>SD</b>	NAME <b>Juana Fraga</b>
STREET ADDRESS <b>8828 KENDALE LAKES DR., #1410</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>	STREET ADDRESS <b>6520 KENDALE LAKES DR. #1004</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>RICARDI, JEAN F</b>	TITLE <b>VPD</b>	NAME <b>Ricardi, Jean F</b>
STREET ADDRESS <b>6530 KENDALE LAKES DRIVE - UNIT 1302</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>	STREET ADDRESS <b>6520 KENDALE LAKES DR # 1302</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE <b>VP</b>	NAME <b>VALDES, ARMANDO</b>	TITLE <b>D</b>	NAME <b>Vic Atkinson</b>
STREET ADDRESS <b>8524 KENDALE LAKES DR #1608</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>	STREET ADDRESS <b>6502 KENDALE LAKES DR # 201</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>ABBOTT, ROBERT</b>	TITLE	NAME
STREET ADDRESS <b>8612 KENDALE LAKES DR # 802</b>	CITY-ST-ZIP <b>MIAMI, FL 33183</b>	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: 		Date: <b>3-23-08</b> Daytona Phone #: <b>3059720252</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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