

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90967 001 ****61.25

DOCUMENT # 737236

1. Entity Name
VILLAS CONDOMINIUM, INC.



Principal Place of Business
**GUARANTEE MANAGEMENT SERVICES
7200 NW 7TH STREET - SUITE 300
MIAMI FL 33126**

Mailing Address
**GUARANTEE MANAGEMENT SERVICES
7200 NW 7TH STREET - SUITE 300
MIAMI FL 33126**

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

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUARANTEE MANAGEMENT
111 FOUNTAINEBLEAU BLVD
MIAMI FL 33172**

Name: **SKRLD, INC.**
Street Address (Post Box Number, if Not Applicable): **201 Alambra Circle STE 1102**
Mana Anas Esq.
City: **Coral Gables FL** Zip Code: **33134**

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 **SKRLD, INC. BY Oscar Rivera** OSCAR RIVERA, DIRECTOR 1/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 NAME	SD ANGELIS, ANGIE	<input type="checkbox"/> Delete
STREET ADDRESS	6528 KENDALE LAKES DR # 1202	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE NAME	P VARELA, CHRIS	<input type="checkbox"/> Delete
STREET ADDRESS	6518 KENDALE LAKES DR #808	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE NAME	D CAJIAO, LUIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6502 KENDALE LAKES DR #204	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE NAME	D RICARDI, JEAN F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6530 KENDALE LAKES DRIVE - UNIT 1302	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE NAME	VP VALDES, ARMANDO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6524 KENDALE LAKES DR #1508	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE NAME	D SUCHMAN, SID	<input type="checkbox"/> Delete
STREET ADDRESS	6530 KENDALE LAKES DRIVE - UNIT 503	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D. BLANCO, CLAUDIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6526 KENDALE LAKES DR #1410	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: **OSCAR RIVERA** **2-19-03 (305) 386-5298**
Signature and typed or printed name of signing officer or director

CR2E037 (10/02)