

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90039 041 ****70.00

DOCUMENT # 738519 1. Entity Name THE VILLAS OF MADEIRA HOMEOWNERS ASSOC. INC.	
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Principal Place of Business 13250 S.W. 135 AVENUE MIAMI, FL 33186	Mailing Address 13250 S.W. 135 AVENUE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2070936	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARIAS, MARIA V 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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.

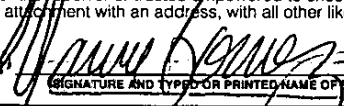
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JIMENEZ, ROSALIA 9455 S.W. 6 TERRACE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JIMENEZ, MARIO 9455 SW 6 TERRACE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GOMEZ, MARIA 9355 SW 4 LANE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VARGA, JOSE 9451 SW 6 TERRACE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASADRE, ELIA M 9425 SW 6 LN MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GASTON, RAMON 9339 SW 4 LN MIAMI, FL 33174

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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  **2/14/05** **305-288-3888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #