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.

Principal Place of Business	Mailing Address
13250 S.W. 135 AVENUE MIAMI, FL 33186	13250 S.W. 135 AVENUE MIAMI, FL 33186

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	JIMENEZ, ROSALIA
STREET ADDRESS	9455 S.W. 6 TERRACE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	PD
NAME	JIMENEZ, MARIO
STREET ADDRESS	9455 SW 6 TERRACE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VPD
NAME	GOMEZ, MARIA
STREET ADDRESS	9355 SW 4 LANE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D
NAME	VARGA, JOSE
STREET ADDRESS	9451 SW 6 TERRACE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D
NAME	BASADRE, ELIA M
STREET ADDRESS	9425 SW 6 LN
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	SD
NAME	GASTON, RAMON
STREET ADDRESS	9339 SW 4 LN
CITY-ST-ZIP	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: _____ 2/14/05 305-2883880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #