


2004

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

DOCUMENT # 745671

1. Entity Name
VILLA 56 SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1738 W 55 PLACE
HIALEAH, FL 33012

Mailing Address
1738 W 55 PLACE
HIALEAH, FL 33012

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.


City & State

City & State

Zip Country

Zip Country

FILED
04 JAN. 05 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2000732**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATOS, ELVIRA
1738 W 55 PLACE
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

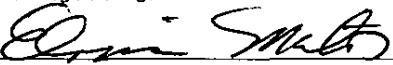
Name

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  DATE **12-15-03**

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

FILE NOW - FEES \$61.25 Initial or Amended UBR

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MATOS, ELVIRA	
STREET ADDRESS	1738 W 55 PLACE	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EDITH	
STREET ADDRESS	5579 W 17 AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LEZCANO, DANIEL	
STREET ADDRESS	1734 W 66 PLACE	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREDA, LEANDRO	
STREET ADDRESS	6663 W 17 AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGON, MANUEL	
STREET ADDRESS	5596 W 17 COURT	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLORES, JOSE	
STREET ADDRESS	5554 W 17 COURT	
CITY-ST-ZIP	HIALEAH, FL 33012	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOREJON, MIRIAM	
STREET ADDRESS	5568 W 17th CT, Hialeah, Fl	
CITY-ST-ZIP	33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700025730727	
CITY-ST-ZIP	12/23/03--01034--023 **70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:  DATE **12/15/03** 305 666 6962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)