
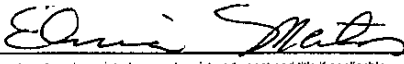
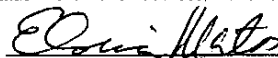


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90001 027 ****70.00

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		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2000732
				Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
MATOS, ELVIRA 1738 W 55 PLACE HIALEAH, FL 33012			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 <u>1/6/05</u>	
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. <input type="checkbox"/>		\$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	DP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATOS, ELVIRA	NAME	Morejon, Miriam	
STREET ADDRESS	1738 W 55 PLACE	STREET ADDRESS	5568 W 17th CT	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	DS <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RODRIGUEZ, EDITH	NAME	Alvarado, Helen	
STREET ADDRESS	5579 W 17 AVENUE	STREET ADDRESS	5591 W 17th Avenue	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	DT <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEZCANO, DANIEL	NAME	Garcia, Silvio	
STREET ADDRESS	1734 W 55 PLACE	STREET ADDRESS	5567 West 17th Avenue	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREDA, LEANDRO	NAME		
STREET ADDRESS	5563 W 17 AVENUE	STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEGON, MANUEL	NAME		
STREET ADDRESS	5596 W 17 COURT	STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLORES, JOSE	NAME		
STREET ADDRESS	5554 W 17 COURT	STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012	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: 			Elvira Matos	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	
			January 6, 2005	
			Daytime Phone #	
			305-558-4937	

50002024



01042005 Chg-NP CR2E037 (10/03)