


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # 745671
 1. Entity Name
VILLA 56 SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1734 W 55 PLACE **1734 W 55 PLACE**
HIALEAH, FL 33012 **HIALEAH, FL 33012**

DO NOT WRITE IN THIS SPACE



01202008 No Chg-NP CR2E037 (4/06)

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

LEZCANO, DANIEL
1734 W 55 PLACE
HIALEAH, FL 33012

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOREJON, MIRIAM 5568 W 17 CT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAMUS, MELVIN J 5560 W 17 COURT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEZCANO, DANIEL 1734 W 55 PLACE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAL, ANTHONY 1758 W 55 PL HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORES, JOSE 5554 W 17 COURT HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000796206
 01/29/08-80023-018 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **1/21/08** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #