


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

FILED

03 MAY 27 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5568 W. 17 CT. Suite, Apt. #, etc.	3. Mailing Address 9360 SUNSET DR. Suite, Apt. #, etc. SUITE # 252
City & State HIALEAH, FL.	City & State MIAMI, FL.
Zip 33012	Zip 33173

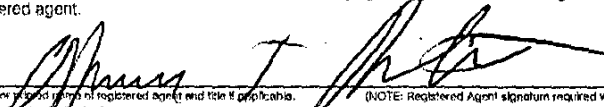
REINSTATEMENT
DO NOT WRITE IN THIS SPACE

86-03

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4. FEI Number 592000732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name NORMAN T. ROBERTS, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 50 WEST MASHTA DRIVE, SUITE # 4	
City KEY BISCAIYNE	
City MIAMI	FL 33149

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: 03-07-17

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

FEE IS \$61.25 Initial or Amended UBR	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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JIMENO, CARLOS 9360 SUNSET DR. STE 252 MIAMI, FL. 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LUIS EZRA 9360 SUNSET DR. STE. 252 MIAMI, FL. 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELEN ALVARADO 9360 SUNSET DR. # 252 MIAMI, FL. 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR26037B (12/02)

5/25