

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746451

FILED
May 03, 2007
Secretary of State

Entity Name: SOUTH LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14411 COMMERCE WAY
STE 240
HIALEAH, FL 33016

New Principal Place of Business:

2200 NW 102 AVE.
STE 5
DORAL, FL 33172

Current Mailing Address:

14411 COMMERCE WAY
STE 240
HIALEAH, FL 33016

New Mailing Address:

2200 NW 102 AVE
STE 5
DORAL, FL 33172

FEI Number: 59-1985832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JORGE GABRIEL ZARATE C A M
C/O COSMOS MGMT SERVICES INC
14411 COMMERCE WAY STE 240
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

VIVIAN GARCIA
2200 NW 102 AVE
SUITE 5
DORAL, FL 33172 US

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.

SIGNATURE: VIVIAN GARCIA

05/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SVPD () Delete
Name: BETANCOURT, JOHN
Address: 15685 SW 84 TERR. #803
City-St-Zip: MIAMI, FL 33193

Title: PD () Delete
Name: STAUMP, CHARLES
Address: 8435 SW 156 CT. #1020
City-St-Zip: MIAMI, FL 33193

Title: TD () Delete
Name: CAPURRO, CESAR R
Address: 8460 SW 156 PLACE, #702
City-St-Zip: MIAMI, FL 33193

Title: T () Delete
Name: ABELLO, CHRISTINA
Address: 8475 SW 156TH CRT 334
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: HAMILTON, BARBARA
Address: 15675 SW 84TH TERR #920
City-St-Zip: MIAMI, FL 33193

Title: D () Delete
Name: MATZ, RICHARD
Address: 8435 SW 156TH CRT #1030
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES STAUMP

PD

05/03/2007

Electronic Signature of Signing Officer or Director

Date