

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 SEP -5 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 746451			
1. Entity Name SOUTH LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2200 NW 102 AVE. STE 5 DORAL, FL 33172		Mailing Address 2200 NW 102 AVE STE 5 DORAL, FL 33172	
2. Principal Place of Business - No P.O. Box # 7500 NW 25TH ST. # 24C		3. Mailing Address SAME	
Suite, Apt. #, etc. MIAMI, FL 33122		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33122		Country DADE	
4. FEI Number 59-1985832		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VIVIAN GARCIA 2200 NW 102 AVE SUITE 5 DORAL, FL 33172		7. Name and Address of New Registered Agent Name MARIA A. CAÑEJO Street Address (P.O. Box Number is Not Acceptable) 7500 NW 25TH ST. # 24C City MIAMI FL Zip Code 33122	
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 <i>Maria A. Canejo</i> DATE 08/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	SVPD BETANCOURT, JOHN 15685 SW 84 TERR. #803 MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETANCOURT JOHN 15685 SW 84 TERR. #803 MIAMI, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAUMP, CHARLES 8435 SW 156 CT. #1020 MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAUMP, CHARLES 8435 SW 156 CT #1020 MIAMI, FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPURRO, CESAR R 8460 SW 156 PLACE, #702 MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300109295183 09/11/07--01017--015 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABELLO, CHRISTINA 8475 SW 156TH CRT 334 MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSA B, BARBARA 8450 SW 156 PL. # 603 MIAMI, FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, BARBARA 15675 SW 84TH TERR #920 MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUMMERS, SHARON 8475 SW 156 CT. # 331 MIAMI, FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATZ, RICHARD 8435 SW 156TH CRT #1030 MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, JOSE 8485 SW 156 PL. #105 MIAMI, FL 33193 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>BARBARA ROSAS, Pres.</i>		08/15/07 (305) 594-7022	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

09/10