

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90368 034 ****61.25



DOCUMENT # 746451				1. Entity Name SOUTH LAKE VILLAS CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 7500 NW 25TH STREET # 246 MIAMI, FL 33122 US		Mailing Address 7500 NW 25TH STREET # 246 MIAMI, FL 33122 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04082008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		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			7. Name and Address of New Registered Agent		
CAMEJO, MARIA A 7500 NW 25TH STREET # 246 MIAMI, FL 33122			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: <i>María A. Camejo</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: <i>04/15/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETANCOURT, JOHN		NAME	YAILEN NAZCO	
STREET ADDRESS	15685 SW 84 TERR. #803		STREET ADDRESS	8485 SW 156 PL. #102	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAUMP, CHARLES		NAME		
STREET ADDRESS	8435 SW 156 CT. #1020		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPURRO, CESAR R		NAME	JULIE CHLORDS	
STREET ADDRESS	8460 SW 156 PLACE, #702		STREET ADDRESS	9510 SW 164 CT.	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSAS, BARBARA		NAME		
STREET ADDRESS	8450 SW 156 PLACE, # 603		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMMERS, SHARON		NAME	MARIA A. VAZERA	
STREET ADDRESS	8475 SW 156 COURT, #331		STREET ADDRESS	8475 SW 156 CT # 332	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JOSE		NAME		
STREET ADDRESS	8485 SW 156 PLACE, # 105		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP		
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>Rose</i>				DATE: <i>04/15/08</i> (305) 594-7022	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>ROSE, BARBARA</i>				DAYTIME PHONE #	