

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90062 046 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766240**

1. Corporation Name  
**VILLA REGINA ASSOCIATION, INC.**

Principal Place of Business 1581 BRICKELL AVE. MIAMI FL 33129	Mailing Address 1581 BRICKELL AVE. MIAMI FL 33129
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/22/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2248888
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**HAYMAN, MICHEAL**  
**44 W REAGLER ST**  
**14TH FLOOR**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOHERTY, RICHARD	
STREET ADDRESS	1581 BRICKELL AVE. #1703	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GALE, JOHN	
STREET ADDRESS	1581 BRICKELL AVE. #1101	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BENITEZ, BAROLO	
STREET ADDRESS	1581 BRICKELL AVE. #1106	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, RON	
STREET ADDRESS	1581 BRICKELL AVE. #708	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASTRO, JORGE	
STREET ADDRESS	1581 BRICKELL AVE #2003	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	YOUNG, HARVEY
5.3 STREET ADDRESS	1581 BRICKELL AVE. # T201
5.4 CITY-ST-ZIP	MIAMI FL 33129
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF OFFICER 3/1/99 305-184  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #