
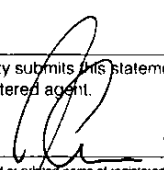



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90042 040 ****61.25

| | | | |
|---|--|--|--|
| DOCUMENT # 766240 | |  | |
| 1. Entity Name VILLA REGINA ASSOCIATION, INC. | | | |
| Principal Place of Business 1581 BRICKELL AVE. MIAMI, FL 33129 | | Mailing Address 1581 BRICKELL AVE. MIAMI, FL 33129 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent SKRLD, INC 201 ALBAMA CIRCLE SUITE 1102 MIAMI, FL 33134 | | 7. Name and Address of New Registered Agent Name: FEIN + MELONI Street Address (P.O. Box Number is Not Acceptable): 900 S.W. 40th Avenue City: Plantation FL Zip Code: 33307 | |
| 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: 3/23/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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: P NAME: DIAZ, JOSE STREET ADDRESS: 1581 BRICKELL AVENUE #201 CITY-ST-ZIP: MIAMI, FL 33129 | <input checked="" type="checkbox"/> Delete | TITLE: VP NAME: SCOTT WIZNER STREET ADDRESS: 1581 Brickell Ave # 1103 CITY-ST-ZIP: MIAMI FL 33129 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: CASTRO, JORGE STREET ADDRESS: 1581 BRICKELL AVE #2003 CITY-ST-ZIP: MIAMI, FL 33129 | <input checked="" type="checkbox"/> Delete | TITLE: D NAME: Andreas Meinhold STREET ADDRESS: 1581 Brickell Ave # T201 CITY-ST-ZIP: MIAMI FL 33129 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: SD NAME: KAPUSTIN, RAFAEL STREET ADDRESS: 1581 BRICKELL AVE. # 1601 CITY-ST-ZIP: MIAMI, FL 33129 | <input checked="" type="checkbox"/> Delete | TITLE: T NAME: Jorge Rodriguez STREET ADDRESS: 1581 Brickell Ave # T203 CITY-ST-ZIP: MIAMI, FL 33129 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: VP NAME: KLINE, LAWRENCE STREET ADDRESS: 1581 BRICKELL AVE #2202 CITY-ST-ZIP: MIAMI, FL 33129 | <input checked="" type="checkbox"/> Delete | TITLE: S NAME: Diane Sepler STREET ADDRESS: 1581 BRICKELL AVE # T204 CITY-ST-ZIP: MIAMI FL 33129 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: T NAME: LEVENSHON, IRA STREET ADDRESS: 1581 BRICKELL AVE #1701 CITY-ST-ZIP: MIAMI, FL 33129 | <input type="checkbox"/> Delete | TITLE: P NAME: IRA Levenshon STREET ADDRESS: 1581 Brickell Ave CITY-ST-ZIP: MIAMI FL 33129 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> Change <input 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:  SCOTT M. WIZNER VP | | Date: 3/21/2007 Daytime Phone #: 305-499-1192 | |

4010



03202007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2248888 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

3/23/07

