


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90025 002 ****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		4. FEI Number 59-2248888	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEIN & MELONI 900 S.W. 40TH AVENUE PLANTATION FL 33317			7. Name and Address of New Registered Agent		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: 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	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIZNER, SCOTT		NAME		
STREET ADDRESS	1581 BRICKELL AVE #1103		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEINHOLD, ANDREAS		NAME	Meinhold, ANDREAS	
STREET ADDRESS	1581 BRICKELL AVE #7201		STREET ADDRESS	1581 Brickell Ave #T201	
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP	Miami FL 33129	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JORGE		NAME	Jorge Rodriguez	
STREET ADDRESS	1581 BRICKELL AVE #1803		STREET ADDRESS	1581 Brickell Ave # 803	
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP	Miami FL 33129	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPLER, DIANE		NAME	Sepler, Diane	
STREET ADDRESS	1581 BRICKELL AVE #7204		STREET ADDRESS	1581 Brickell Ave # T204	
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP	Miami FL 33129	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENSHON, IRA		NAME		
STREET ADDRESS	1581 BRICKELL AVE #1701		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without like empowered.

SIGNATURE: _____ 2/1/08 706-200-7777