

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766240

FILED
Apr 21, 2009
Secretary of State

Entity Name: VILLA REGINA ASSOCIATION, INC.

Current Principal Place of Business:

1581 BRICKELL AVE.
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

1581 BRICKELL AVE.
MIAMI, FL 33129

New Mailing Address:

FEI Number: 59-2248888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIN & MELONI
900 S.W. 40TH AVENUE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WIZNER, SCOTT
Address: 1581 BRICKELL AVE #1103
City-St-Zip: MIAMI, FL 33129

Title: D () Delete
Name: MEINHOLD, ANDREAS
Address: 1581 BRICKELL AVE T201
City-St-Zip: MIAMI, FL 33129

Title: T () Delete
Name: RODRIGUEZ, JORGE
Address: 1581 BRICKELL AVE 803
City-St-Zip: MIAMI, FL 33129

Title: S () Delete
Name: SEPLER, DIANE
Address: 1581 BRICKELL AVE T204
City-St-Zip: MIAMI, FL 33129

Title: P () Delete
Name: LEVENSHON, IRA
Address: 1581 BRICKELL AVE #1701
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA LEVENSHON

P

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date