2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000001576

1. Entity Name



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90358 014 ****61.25

VILLA DON ELIAS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 14905 S.W. 34TH STREET 14905 S.W. 34TH STREET MIAMI FL 33185 MIAMI FL 33185 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number NOT APPLICABLE Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAYEGH, RICARDO 14905 S.W. 38TH STREET **MIAMI FL 33185** miami 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE /\$ \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE ☐ Delete TITLE NAME SAYEGH, CLAUDIA NAME STREET ADDRESS STREET ADDRESS 14905 S.W. 38TH STREET CITY-ST-ZIP CITY ST-ZIP Miami FL 33185 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SAYEGH: NELSON NAME NAME STREET ADDRESS 14905 S.W. 38TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185 ----Delete ☐ Addition TITLE ☐ Change TITLE SAYEGH, IRENE V NAME NAME STREET ADDRESS STREET ADDRESS 14905 S.W. 38TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Defete TITLE 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 exemption stated in Section 119.07(3)(i), 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 tryspee 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 at ddress, with all other like empowered.

SIGNATURE