

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 03, 2006  
Secretary of State**

DOCUMENT# N00000003157

Entity Name: ALLAMANDA VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3035 ALLAMANDA ST  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3035 ALLAMANDA ST  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 65-1106242      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PAS, TOM W  
3047 ALLAMANDA ST  
MIAMI, FL 33133      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: PD ( ) Delete  
Name: SAITCEVSKY, CARLOS  
Address: 3045 ALLAMANDA ST  
City-St-Zip: MIAMI, FL 33133

Title: SD ( ) Delete  
Name: PAS, TOM  
Address: 3047 ALLAMANDA ST  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SMITH, CURTIS  
Address: 3037 ALLAMANDA ST  
City-St-Zip: MIAMI, FL 33133

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM PAS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SD

07/03/2006

\_\_\_\_\_  
Date