
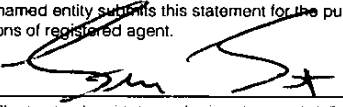
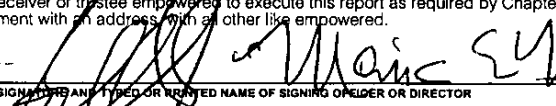


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90016 023 ****61.25

DOCUMENT # N00000003861 1. Entity Name VILLA GRANDE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13876 SW 56TH ST #280 MIAMI, FL 33175		Mailing Address 13876 SW 56TH ST #280 MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # Land Cap Property Services Inc.		3. Mailing Address Land Cap Property Services, Inc.	
Suite, Apt. #, etc. 13800 SW 144 Ave Rd.		Suite, Apt. #, etc. 13800 SW 144 Ave Rd.	
City & State Miami, FL		City & State Miami, FL	
Zip 33186		Zip 33186	
Country 		Country 	
4. FEI Number 65-1032740		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COURTESY PROPERTY MANAGEMENT 13250 SW 135TH AVE. MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Land Cap Property Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 13800 SW 144 Avenue Road. City Miami FL Zip Code 33186	
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 		Stephen Suits President 4/14/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	P MUNOZ, MARIA 6300 SW 138TH CT. UNIT 108 MIAMI, FL 33183	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, MAYLIN 6320 SW 138TH CT. UNIT 102 MIAMI, FL 33183	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSO, MONICA 6320 SW 138TH CT. UNIT 309 MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, REINZO 6320 SW 138TH CT. UNIT 409 MIAMI, FL 33183	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC FERNANDEZ, FERNANDO 13850 SW 62 ST. UNIT 105 MIAMI, FL 33183	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: 		4/6/08	
Signature, typed or printed name of signing officer or director		Date Daytime Phone #	