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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

DOCUMENT # N00000004994

1. Entity Name
**VILLA ENCANTADA CONDOMINIUM NO. 1
 ASSOCIATION, INC.**



Principal Place of Business Mailing Address
~~137 AVE SW 137 ST~~ ~~11935 SW 8 ST~~
~~MIAMI, FL 33177~~ ~~MIAMI, FL 33184~~

2. Principal Place of Business 3. Mailing Address
70 CARIBBEAN PROPERA MOUNT **70 CARIBBEAN PROPERA MOUNT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
12301 SW 132 CT **12301 SW 132 CT**
 City & State City & State
MIAMI, FL **MIAMI, FL**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
65-1042884 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GONZALEZ, JESUS R Name
11935 SW 8 ST Street Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33184 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when instituting.

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMBOA, MERCEDES 16731 SW 137 AVE #102 MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICRA, OELBNER 16741 SW 137 AVE #201 MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALEGA, JOSE V 16731 SW 137 AVE #103 MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOSE B 16721 SW 137 AVE #108 MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRZARRY, ANTHONY R 16731 SW 137 AVE #204 MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Mercedes Gamboa 5/16/2003

CP20037 (10/02)