

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005373

FILED  
Mar 07, 2009  
Secretary of State

**Entity Name:** LOQUAT PARK VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

LOQUAT PARKVILLA ASS.  
3621 LOQUAT AVE  
MIAMI, FL 33133

**New Principal Place of Business:**

LOQUAT PARK VILLA ASS.  
3621 LOQUAT AVE  
MIAMI, FL 33133

**Current Mailing Address:**

LOQUAT PARKVILLA ASS.  
3621 LOQUAT AVE  
MIAMI, FL 33133

**New Mailing Address:**

LOQUAT PARK VILLA ASS.  
3621 LOQUAT AVE  
MIAMI, FL 33133

**FEI Number:** 65-1124537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERMAN, MARC A  
7695 SW 104 STREET SUITE 210  
MIAMI, FL 33156 US

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

KUPERMAN, MARC A  
7695 SW 104 STREET SUITE 210  
MIAMI, FL 33156 US

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: MARC A. KUPERMAN

03/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NAVEIRA-NICHOLSON, CAROL  
Address: 3635 LOQUAT AVE  
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete  
Name: JOHNSON, DARLENE  
Address: 3601 LOQUAT AVE  
City-St-Zip: MIAMI, FL 33133

Title: S ( ) Delete  
Name: DIDONATO, ANDRENA  
Address: 3643 LOQUAT AVE  
City-St-Zip: MIAMI, FL 33133

Title: TD ( ) Delete  
Name: ACUNA, SOFIA  
Address: 3631 LOQUAT AVE  
City-St-Zip: MIAMI, FL 33133

**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:

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: DARLENE JOHNSON

VP

03/07/2009

Electronic Signature of Signing Officer or Director

Date