


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**


**DOCUMENT # N02000001521**

1. Entity Name  
 VILLAS ANDALUCIA, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2500 W. 78 STREET BAY #4 HIALEAH, FL 33016	Mailing Address PO BOX 160718 HIALEAH, FL 33016
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**DO NOT WRITE IN THIS SPACE**



03102004 No Chg-NP CR2E037 (10/03)

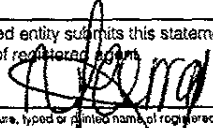
4. FEI Number 46-0473589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA'S PORPerty MANAGEMENT GROUP, CORP.  
 2500 W. 78 STREET  
 BAY #4  
 HIALEAH, FL 33016

**DO NOT WRITE IN THIS SPACE**

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: 3/15/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

00000108353  
 04/09/04-80053-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, ROXANA 2500 W. 78 ST. #4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE LA TORRE, ALEJANDRO 2500 W. 78 ST. #4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOREIRA, GILBERTO 2500 W. 78 ST. #4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMEJO, JOAQUIN 2500 W 78 ST. #4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAO, KARISA 2500 W 78 ST. #4 HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 3-15-04 DAYTIME PHONE: 786-489-2895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR