

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001521

FILED
Apr 28, 2009
Secretary of State

Entity Name: VILLAS ANDALUCIA, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5979 NW 151 STREET, STE. 101
MIAMI BEACH, FL 33014

New Principal Place of Business:

Current Mailing Address:

PO BOX 160718
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 46-0473589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KABA & ASSOCIATES, P.A.
1840 W. 49TH STREET
SUITE 235
HIALEAH, FL 33012 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: P () Delete
Name: DOMINGUEZ, ROXANA
Address: 2500 W. 78 ST. #4
City-St-Zip: HIALEAH, FL 33016

Title: V () Delete
Name: HERNANDEZ, DANIEL
Address: 2500 W. 78 STREET, #4
City-St-Zip: HIALEAH, FL 33016

Title: TD () Delete
Name: MARTINEZ, DAVID
Address: 2500 W. 78 STREET, #4
City-St-Zip: HIALEAH, FL 33016

Title: SD () Delete
Name: FIERO, JULIO
Address: 2500 W 78 ST. #4
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: CLAVERO, LOURDES
Address: 2500 W. 78TH ST., #4
City-St-Zip: HIALEAH, FL 33016

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:

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: ROXANA DOMINGUEZ

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date