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

DOCUMENT # N0200001521

Entity Name

VILLAS ANDALUCIA, CONDOMINIUM ASSOCIATION, INC.



FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90129 005 ****61.25

					GOD WE THE	7						
Principal Place of Business 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146			Mailing Address 710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146									
2. Principal Place of Business				3. Mailing Address						*		
							. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	10111 00111 00111			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				HECK HERE	IF MAKING (CHANGES		
City & State				City & State			. FEI Number 46-04	7358	9	 	oplied For ot Applicable	
Zip Country			Zir)	Country	5.	. Certificate of Sta			8.75 Add	ditional d	
		7. Name and Address of New Registered Agent										
CORREA, DANNY					Name							
710 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146					Street Addres	ess (P.O.	. Box Number is N	ot Acceptable	•)	•••		
CORAL GABLES PL 33146					City				FL	Zip Cod	e	
• The chouse	nomad antib	y submits this statement for	ar the nurn	and of shanning its ro	pletared office or regis	intered s	naont or both in t	ha State of Ele		miliar with	and agget	
	tions of regist		or the purp	ose or changing its re	gistered office of regis	istereu a	agent, or both, in t	rie State of Fit	лиа. Ганга	illiai with,	and accept	
		era Je					•					
SIGNATURE	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOTE: R	legistered Agent signature requ	quired wher	n reinstäting)		DATE			
	FILE NOW	:_FEE.IS-\$61.25	-35	9. Election Camp Trust Fund Cor	aign Financing		5.00 May Be — ded to Fees		ke-Checki da Departn			
10.		OFFICERS AND D	RECTORS		11.	ADD	ITIONS/CHANGE	S TO OFFICE	RS AND DIRE	CTORS IN	110	
TITLE .	TD			☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	CAYON, M	AURICIU 151 STREET			NAME STREET ADDRESS							
CITY-ST-ZIP		ES FL 33014			CITY-ST-ZIP							
TITLE	PD	0.14077/		☐ Delete	TITLE		-			Change	Addition	
NAME STREET ADDRESS :	CAPARRO	S, MAHIY 151.STREET	_		NAME STREET ADDRESS							
CITY-ST-ZIP	MIAMI LAK	ES FL 33014		Contra de Contra	CITY-ST-ZIP		=		., -			
TITLE	SD VECA ALE	VANDED		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	VEGA, ALE 5779 NW	ISTREET			NAME STREET ADDRESS							
CITY-ST-ZIP		ES FL 33014			CITY-ST-ZIP							
TITLE			,	☐ Delete	TITLE	<u>. </u>		_	[Change	Addition	
NAME STREET ADDRESS					NAME STREET ADDRESS							
CITY-ST-ZIP					CITY-ST-ZIP						1	
TITLE				□ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS					NAME STREET ADDRESS							
CITY-ST-ZIP					CITY-ST-ZIP							
TITLE				☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS		•			NAME STREET ADDRESS						-	
CITY-ST-ZIP					CITY-ST-ZIP							
40	Contifue the extra		. Ab. to Ett.				- 440 07/0///			di di di		

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 effort like empowered.

SIGNATURE:

SIGHATURE REOMNED

3/31/03