2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 8:00 am Secretary of State 01-25-2007 90038 016 ****70.00

DOCUMENT # N02000007057



1. Entity Name CHRISTY'S PLACE VILLAS & TOWNHOMES CONDOMINIUM ASSOCIATION, INC.							£					
Principal Place 12005-35 SV MIAMI, FL 33		ailing Address O. BOX 94-0786 IIAMI, FL 33194				iin iink najii nekii ea	1) (1 - 12 - 1 1) 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12 	dir ssiði Sítli i Sí	BIIDI BI IBBI			
			3. Mailing Addres									
			 	Suite, Apt. #, etc.			01052007	Chg-NP	CR2E03	37 (12/06)		
			City & State	iami, FL			4. FEI Number 16-16277	49		 	oplied For ot Applicable	
Zip		Country	33194		Country		5. Certificate of			\$8.75 Add Fee Require		
	and Address of Current		Namo	• • •	7. Name and Ad	dress of New I	Registered A	Agent:				
RUBEN, CELSTRIN F 12035 SW 14TH ST. 102						Name Maldonado Harrison Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33184					City	لكن	4 904	L		Zip Cod	θ 1	
8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. 1. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.						r registere	ad agent, or both,	in the State of Fl	orida. I am f	amiliar with	and accept	
SIGNATURE	H &	2000		misor				ector	•	8-0r	1	
	Signature, typed	opprinted name of registered agent	and title if applicable.	(NOTE: Registe	tered Agent signat	ure required v	when reinstating)		DATE		}	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			payable to		
10.												
TITLE		OFFICERS AND DIF	RECTORS	11	1.	Α	DDITIONS/CHAN	GES TO OFFICE	RS AND DIF		10	
NAME STREET ADDRESS CITY-ST-ZIP		IN, RUBEN / 14TH ST., UNIT 102	RECTORS Del	ete III Na Si		1203 Mald	lonado. 25 SW 1	Harris 4 St. 4	\$00 \$00	☐ Change	10 Addition	
NAME STREET ADDRESS	CELESTR 12035 SW MIAMI, FL D SOTO, EV	IN, RUBEN 7 14TH ST., UNIT 102 33184 7ELYN 7 14TH ST. UNIT 311		ete 111 NA S S T C C I R S T S T S T S T S T S T S T S T S T S	ITLE NAME STREET ADDRESS	Mald 120: Mic Possi	lonado. 25 SW 1 ami, Fi ell, Jese 25 SW 11	Harrie 4 St. 4 3318 5169.4	917 7 \$ 904	☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CELESTR 12035 SW MIAMI, FL D SOTO, EV 12015 SW MIAMI, FL D MORENO	IN, RUBEN / 14TH ST., UNIT 102 33184 /ELYN / 14TH ST. UNIT 311 33184 , CRISTINA 14TH ST. #315	∑ Del	ete III NA SI CI CI NA SI CI TI NA SI CI TI NA SI	ITLE IAME STREET ADDRESS SITY-ST-ZIP ITLE IAME STREET ADDRESS	Mald 120: Mic Possi	lonado. 35 SW 1 ami, Fl	Harrie 4 St. 4 3318 5169.4	917 7 \$ 904	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CELESTR 12035 SW MIAMI, FL D SOTO, EV 12015 SW MIAMI, FL D MORENO, 12015 SW MIAMI, FL D ROQUA, N	IN, RUBEN / 14TH ST., UNIT 102 33184 //ELYN / 14TH ST. UNIT 311 33184 / CRISTINA / 14TH ST. # 315 33184 //ENA / 14 ST UNIT 305	∑ Deli ∑ Deli	ete III NA SI CI CI Ete III NA SI CI CI CI Ete III NA SI SI CI NA SI SI SI SI SI	ITLE IMME STREET ADDRESS SITY-ST-ZIP ITLE IAME TREET ADDRESS SITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP	Mald 130: Mic Poss 130: Mic	lonado. 25 SW 1 ami, Fl all, Jess 25 SW 11 ami, F	Harring 4 54. 4 3318 5159. 4 1 33	914 214 214	☐ Change	S Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CELESTR 12035 SW MIAMI, FL D SOTO, EV 12015 SW MIAMI, FL D MORENO, 12015 SW MIAMI, FL D ROQUA, M 12015 SW	IN, RUBEN / 14TH ST., UNIT 102 33184 //ELYN / 14TH ST. UNIT 311 33184 / CRISTINA / 14TH ST. # 315 33184 //ENA / 14 ST UNIT 305	∑ Deli ∑ Deli □ Deli	ete III NA SI CI CI SI SI CI CI Ete TII NA SI CI NA SI	ITLE IMME STREET ADDRESS SITY-ST-ZIP ITLE IAME TREET ADDRESS SITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITREET ADDRESS ITY-ST-ZIP	Mald 130: Mic Poss 130: Mic	lonado. 25 SW 1 ami, Fi ell, Jese 25 SW 11	Harring 4 54. 4 3318 5159. 4 1 33	914 214 214	☐ Change	Addition Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Cristina Moreno SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR