

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008937

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: VILLA DEL SOL AT MEADOW WOODS CONDOMINIUM ASSOCIATION INC. NO. 6

**Current Principal Place of Business:**

C/O PROPER-T-MANAGEMENT INC.  
2909 GRAFTON DRIVE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PROPER-T-MANAGEMENT INC.  
P.O. BOX. 772018  
ORLANDO, FL 32877

**New Mailing Address:**

FEI Number: 22-3886731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PROPER -T- MANAGEMENT INC  
2909 GRAFTON DR  
KISSIMMEE, FL 34741 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: DPS ( ) Delete  
Name: ESPONDA, WILMA  
Address: 13220 GALICIA STREET #103  
City-St-Zip: ORLANDO, FL 32824

Title: DV ( ) Delete  
Name: ORTEGA, MARIA  
Address: 13220 GALICIA STREET #207  
City-St-Zip: ORLANDO, FL 32824

Title: DT ( ) Delete  
Name: CARNERO, RAFALEA  
Address: 13232 GALICIA STREET #105  
City-St-Zip: ORLANDO, FL 32824

**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:

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: WILMA ESPONDA

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date