

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90111 018 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # N02026**

1. Entity Name  
**INTERNATIONAL VILLAS CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business

**11502 NW 4TH TERRACE  
MIAMI, FL 33172 US**

Mailing Address

**11502 NW 4TH TERRACE  
MIAMI, FL 33172 US**

**40098883**



**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**65-0078151**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CABRERA, OSCAR  
11508 NW 4TH TERRACE  
MIAMI, FL 33172**

**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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FAJARDO, LORENA  
STREET ADDRESS 11502 NW 4 TERRACE  
CITY-ST-ZIP MIAMI, FL 33172

*OK*

TITLE SD  
NAME CABRERA, OSCAR  
STREET ADDRESS 11508 NW 4 TERRACE  
CITY-ST-ZIP MIAMI, FL 33172

*OK*

TITLE VP  
NAME TROZ, NOEMI  
STREET ADDRESS 11407 NW 4 TERRACE  
CITY-ST-ZIP MIAMI, FL 33172

*OK*

TITLE TD  
NAME MARTINEZ, MANUEL  
STREET ADDRESS 11504 NW 4 TERRACE  
CITY-ST-ZIP MIAMI, FL 33172

*OK*

TITLE D  
NAME MIRANDA, ALEJANDRO F.  
STREET ADDRESS 11615 NW 4 TERRACE  
CITY-ST-ZIP MIAMI, FL 33172

*OK  
Director*

TITLE D  
NAME CASTILLO, MAYRA  
STREET ADDRESS 11500 NW 4TH TERRACE  
CITY-ST-ZIP MIAMI, FL 33172

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IN THIS SPACE**

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:**

*Lorena Fajardo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #