

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02851

FILED
Dec 01, 2004
Secretary of State

Entity Name: VERSAILLES HOTEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3425 COLLINS AVENUE
MIAMI BCH, FL 33140

New Principal Place of Business:

Current Mailing Address:

3425 COLLINS AVENUE
MIAMI BCH, FL 33140

New Mailing Address:

FEI Number: 59-2399004 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FERNANDEZ, HERMES
3425 COLLINS AVENUE #723
MIAMI BEACH, FL 33140 US

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: DP () Delete
Name: FERNANDEZ, HERMES
Address: 4263 NW 5TH ST
City-St-Zip: MIAMI, FL 33126

Title: DVP () Delete
Name: BONICH, LUISA
Address: 1655 SW 197 TERR
City-St-Zip: MIAMI, FL 33187

Title: DT () Delete
Name: HENRY, LUCIA FERNANDA
Address: 3200 COLLINS AVENUE, APT. 821
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS () Delete
Name: ALAIN, SOLTURA
Address: 1860 CORAL GATE DRIVE
City-St-Zip: MIAMI, FL 33145

Title: DV () Delete
Name: JOSE, FRAGA M
Address: 3425 COLLINS AVE #824
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: BONICH, LUISA
Address: 1655 SW 197 TERR
City-St-Zip: MIAMI, FL 33187

Title: DV (X) Change () Addition
Name: HENRY, LUCIA FERNANDA
Address: 3200 COLLINS AVENUE, APT. 821
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: JOSE, FRAGA M
Address: 3425 COLLINS AVE #824
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALAINSSOLTURA

DS

12/01/2004

Electronic Signature of Signing Officer or Director

Date