

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

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90007 049 ****61.25

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1. Entity Name
**VILLAS OF MAYDANA CONDOMINIUM ASSOICATION,
INC.**



Principal Place of Business

**3300-3310 BIRD AVE
MIAMI, FL 33133**

Mailing Address

**C/O LMM, INC.
PO BOX 330971
MIAMI, FL 33133**

PAID
2/4/08

35 IS Annual Report
40025776



01172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
90-0067820

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE 125
CORAL GABLES, FL 33146**

**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	DT
NAME	ROSENBERG, TODD N
STREET ADDRESS	3310 BIRD AVE #102
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	DP
NAME	FRANCO, GERRY
STREET ADDRESS	3310 BIRD AVE SUITE H105
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	DS
NAME	SOBAL VARDO, LIZZETT
STREET ADDRESS	3310 BIRD AVE SUITE H101
CITY-ST-ZIP	MIAMI, FL 33133

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #