

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90322 001 ****61.25

DOCUMENT # N03000006483

1. Entity Name
**VILLAS AT CARMEL CONDOMINIUM NO. 1
ASSOCIATION, INC.**



Principal Place of Business
**730 N.W. 107TH AVE., 4TH FLOOR
MIAMI, FL 33173**

Mailing Address
**730 N.W. 107TH AVE., 4TH FLOOR
MIAMI, FL 33173**

50025288



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01042005

Chg-NP

CR2E037 (10/03)

4. FEI Number
20-0781507

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATRICIA KIMBALL FLETCHER, P.A.
200 SOUTH BISCAYNE BLVD., STE. 3400
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME LEISI, JULIE
STREET ADDRESS 730 N.W. 107TH AVE., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Change ☒ Addition
NAME **DP 730 N.W. 107AVE**
STREET ADDRESS **Miami, FL 33172**
CITY-ST-ZIP **Henderson, Mercedes**

TITLE VD ☒ Delete
NAME AVILA, MIGUEL
STREET ADDRESS 730 N.W. 107TH AVE., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Change ☒ Addition
NAME **DV 730 N.W. 107AV**
STREET ADDRESS **Miami, FL 33172**
CITY-ST-ZIP **McPherson, Greg**

TITLE STD ☒ Delete
NAME NUNEZ, MERCEDES
STREET ADDRESS 730 N.W. 107TH AVE., 4TH FLOOR
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Change ☒ Addition
NAME **DST 730 N.W. 107AV**
STREET ADDRESS **Miami, FL 33172**
CITY-ST-ZIP **Avila, Miquel**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05
Date

(305) 359-1951
Daytime Phone #