

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006483

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

C/O ALTON MADISON PROP MGMT
381 N KROME AVE #205
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

C/O ALTON MADISON PROP MGMT
381 N KROME AVE #205
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-0781507 **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:

SKRLD, INC.
201 ALHAMBIA CIR SUITE 1102
MIAMI, FL 33134 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: PD () Delete
Name: DANIEL, DAN R
Address: 3330 NE 13 CIR DR #103
City-St-Zip: HOMESTEAD, FL 33033

Title: DVP () Delete
Name: SERRANO, BRIAN
Address: 3370 NE 13 CIRCLE DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: STD (X) Delete
Name: NORENCI, OSCAR
Address: 3390 NE CIR RD #101
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: SERRANO, BRIAN
Address: 3370 NE 13 CIRCLE DRIVE
City-St-Zip: HOMESTEAD, FL 33033

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: DAN DANIEL

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date