

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006484

FILED
May 01, 2009
Secretary of State

Entity Name: VILLAS AT CARMEL CONDOMINIUM NO. 2 ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALTON MADISON PROP MGMT
381 N KROME AVENUE, SUITE 205
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

C/O ALTON MADISON PROP MGMT
381 N KROME AVENUE, SUITE 205
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-0781577 **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:

SCHMACHTENBERT, LEE
% SCHMACHTENBERT & ASSOCIATES P.A.
1533 SUNSET DRIVE, SUITE 201
CORAL GABLES, FL 33143 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: DVP () Delete
Name: HITCHMAN, JOEL
Address: 3320 NE 13 CIR DR #102
City-St-Zip: HOMESTEAD, FL 33033

Title: DP () Delete
Name: WHITTAKER, MONICA
Address: 3320 NE 13 CIR DR #108
City-St-Zip: HOMESTEAD, FL 33033

Title: DT (X) Delete
Name: FERNANDEZ, LUISA
Address: 3365 NE 14 DR #109
City-St-Zip: HOMESTEAD, FL 33033

Title: DS (X) Delete
Name: GARCIA, JORGE DR
Address: 3320 NE 13 CIRCLE DRIVE #101
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: SPINOLA, HERNANDES
Address: 1388 NE 33 AVENUE #109
City-St-Zip: HOMESTEAD, FL 33033

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

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

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: MONICA WHITAKER

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date