

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009701

FILED
Feb 13, 2009
Secretary of State

Entity Name: VILLA LUCCA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1025, 1027, 1037, 1045 MICHIGAN AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN PROPERTY MANGEMENT SPECIALIST
PO BOX 191042
MIAMI BEACH, FL 33119

New Mailing Address:

FEI Number: 20-0396175 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AMERICAN PROPERTY MANGEMENT SPECIALISTS
1370 WASHINGTON AVENUE
SUITE 312
MIAMI BEACH, FL 33139 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: D (X) Delete
Name: REBOUL, JEAN-CLAUDE
Address: 7010 S W 48TH LN
City-St-Zip: MIAMI, FL 33155

Title: VPSD () Delete
Name: FALCO, SHERI
Address: 1045 MICHIGAN AVENUE #1
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: BAHADORAN, SINA
Address: 1025 MICHIGAN AVE #5
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: NEALE, KATHERINE
Address: 1037 MICHIGAN AVENUE #1
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SHERI FALCO

VPSD

02/13/2009

Electronic Signature of Signing Officer or Director

Date