

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010588

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** VILLAS DE VALENCIA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5979 NW 151 STREET  
101  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 160718  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 84-1695474

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDAS PROPERTY MANAGEMENT  
5979 NW 151 STREET  
101  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

YOUNG, ANGELICA  
5901 SW 74 ST  
300  
MIAMI, 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: ANGELICA YOUNG

03/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ESPINOSA, IOSVANY  
Address: 5979 NW 151 STREET  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VPD ( ) Delete  
Name: VALLE, JORGE  
Address: 5979 NW 151 STREET  
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD (X) Delete  
Name: FAVELO, ROLANDO  
Address: 5979 NW 151 STREET  
City-St-Zip: MIAMI LAKES, FL 33014

**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:

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: IOSVANY ESPINOSA

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date