2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400002030

FILED Jun 05, 2006 Secretary of State

Entity Name: VILLAS DEL CAMPO COMMUNITY ASSOCIATION, INC

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
2121 PONCE DE LEON BLVD.		6925 NW 42 STREET		
1050 DORAL G	GABLES, FL 33134	MIAMI, FL 33166		
Current Mailing Address:		New Mailing Address:		
	NCE DE LEON BLVD.	6925 NW 42 STREET		
1050 DORAL G	GABLES, FL 33134	MIAMI, FL 33166		
			Status Desired ()	
	nce with s. 607.193(2)(b), F.S., the corporation did not re d Address of Current Registered Agent:	Name and Address of New Register	ed Agent:	
CONSULTING SERVICES OF SOUTH FLORIDA 2121 PONCE DE LEON BLVD. 1050 CORAL GABLES, FL 33134 US		FEIN, STEVEN A 900 SOUTH STATE ROAD 7 PLANTATION, FL 33317 US		
	e named entity submits this statement for the purp te of Florida.	ose of changing its registered office or registe	ered agent, or bo	
SIGNATURE: STEVEN A. FEIN		06/05/3	2006	
	Electronic Signature of Registered Agent	Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	
Fitle: Name: Nddress: City-St-Zip:	DPVS () Delete SORI, RODOLFO F 2121 PONCE DE LEON BLVD. #1050 MIAMI, FL 33134	Title: DP (X) Change () Add Name: FERNANDEZ, LUIS Address: 24511 SW 110 AVENUE City-St-Zip: HOMESTEAD, FL 33032 US	dition	
ītle: lame: lddress: Dity-St-Zip:	DT () Delete CORONA, MIGUEL 2121 PONCE DE LEON BLVD. #1050 CORAL GABLES, FL 33134	Title: DV (X) Change () Add Name: ANGLERO, OSWALDO Address: 24501 SW 108 AVENUE City-St-Zip: HOMESTEAD, FL 33032 US	dition	
itle: lame: ddress: city-St-Zip:	() Delete	Title: DS () Change (X) Add Name: SMITH, CARLOS Address: 24602 SW 108 AVENUE City-St-Zip: HOMESTEAD, FL 33032 US	dition	
	() Delete	Title: DT () Change (X) Ado Name: MARTINEZ DE VILLA, MARIA	dition	
ītle: lame: \ddress: \ity-St-Zip:		Address: 24794 SW 108 COURT City-St-Zip: HOMESTEAD, FL 33032 US		

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS FERNANDEZ DP 06/05/2006