

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL
AND
FILED

07 NOV 13 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-14-07



10112007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000002030 1. Entity Name VILLAS DEL CAMPO COMMUNITY ASSOCIATION, INC.					
Principal Place of Business THE CONTINENTAL GROUP, INC. 11981 SW 144TH COURT, SUITE 201 MIAMI, FL 33186			Mailing Address C/O THE CONTINENTAL GROUP 11981 SW 144 COURT SUITE 201 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0796816	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALBAREDAM ROSSO, MALUJE & NIES, P.A.			Name		
INTERNATIONAL BUILDING #813			Street Address (P.O. Box Number is Not Acceptable)		
2455 E. SUNRISE BLVD					
FT. LAUDERDALE, FL 33304			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	FERNANDEZ, LUIS		NAME	Bouchereau, Jean	
STREET ADDRESS	24511 SW 110 AVENUE		STREET ADDRESS	11981 S.W. 144 COURT, Suite 201	
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	DV	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	ANGLERO, OSWALDO		NAME	Castillo, Denise	
STREET ADDRESS	24501 SW 108 AVENUE		STREET ADDRESS	11981 S.W. 144 COURT, Suite 201	
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	DS	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	SMITH, CARLOS		NAME	Diaz, Gunter	
STREET ADDRESS	24602 SW 108 AVENUE		STREET ADDRESS	11981 S.W. 144 COURT, Suite 201	
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	DT	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	MARTINEZ DE VILLA, MARIA		NAME	Smith, Carlos	
STREET ADDRESS	24794 SW 108 COURT		STREET ADDRESS	11981 S.W. 144 COURT, Suite 201	
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, JORGE		NAME		
STREET ADDRESS	10984 SW 246 STREET		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jean C Bouchereau</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					