

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 15, 2011
Secretary of State

DOCUMENT# N04000002030

Entity Name: VILLAS DEL CAMPO COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**IPMS 27553 SOUTH DIXIE HWY
EDAL PLAZA
HOMESTEAD, FL 33032**New Principal Place of Business:**M & E ASSOCIATES OF MIAMI, INC.
13055 SW 42 STREET, SUITE 203
MIAMI, FL 33175**Current Mailing Address:**C/O M&EASSOCIATES OF MAIMI INC.
13055 S.W. 42 ST., STE. 203
MIAMI, FL 33175**New Mailing Address:**M & E ASSOCIATES OF MIAMI, INC.
13055 SW 42 STREET, SUITE 203
MIAMI, FL 33175**FEI Number:** 20-0796816**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
ATTN: ROSA M. DE LA CAMARA, ESQ
121 ALHAMBRA PLAZA, 10TH FL
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA
10TH FLOOR
CORAL GABLES, FL 33134 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: ROSA DE LA CAMARA, ESQ.

04/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: UZQUIANO, ROBERT
Address: 24642 SW 109 PLACE
City-St-Zip: HOMESTEAD, FL 33032

Title: S/T
Name: MURPHREE, ROBERT
Address: 10838 SW 246 STREET
City-St-Zip: HOMESTEAD, FL 33032

Title: D
Name: JONES, MICHELE
Address: 24767 SW 109 AVENUE
City-St-Zip: HOMESTEAD, FL 33032

I hereby 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 all other like empowered.

SIGNATURE: ROBERT UZQUIANO

P

04/15/2011

Electronic Signature of Signing Officer or Director

Date