

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 29, 2011**  
**Secretary of State**

DOCUMENT# N04000006989

**Entity Name:** VILLA LUCCA SOUTH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**935, 945 10TH STREET AND 1011 MICHIGAN AVE  
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**BARCLAY'S COMPLETE PROPERTY MANAGEMENT  
PO BOX 402507  
MIAMI BEACH, FL 33140**New Mailing Address:**VILLA LUCCA SOUTH CONDOMINIUM ASSOC INC.  
765 41ST STREET  
MIAMI BEACH, FL 33140**FEI Number:** 20-1395951**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BARCLAY'S COMPLETE PROPERTY MANAGEMENT  
3550 BISCAYNE BLVD  
SUITE 400  
MIAMI, FL 33137 US**Name and Address of New Registered Agent:**BENNETT, JOAN  
765 41ST STREET  
MIAMI BEACH, FL 33140 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: JOAN BENNETT

08/29/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: VP  
Name: PERRIGO, JAVIER  
Address: PO BOX 402336  
City-St-Zip: MIAMI BEACH, FL 33140

Title: P  
Name: NOVALES, VALERIE  
Address: PO BOX 402336  
City-St-Zip: MIAMI BEACH, FL 33140

Title: T/S  
Name: MCLAUCHLAN, ALEXANDER  
Address: PO BOX 402336  
City-St-Zip: MIAMI BEACH, FL 33140

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: VALERIE NOVALES

P

08/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date