2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# N04000010492

Entity Name: ABEL HOMES AT NARANJA VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9240 SW 72 ST., STE. 202
MIAMI, FL 33173

New Principal Place of Business:

9240 SW 72 STREET
202
MIAMI, FL 33173

Current Mailing Address:

9240 SW 72 ST., STE. 202
MIAMI, FL 33173

New Mailing Address:

P. O. BOX 652107
MIAMI, FL 33265

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MIAMI CORPORATE REGISTRY
1925 BRICKELL AVE., STE. D-206
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

ABEL HOMES AT NARANJA VILLAS, LLC
9240 SW 72 STREET
202
MIAMI, FL 33173 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: ABEL AMADOR 04/16/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AMADOR, ABEL
Address: 9240 SW 72 ST., STE. 202
City-St-Zip: MIAMI, FL 33173

Title: VD ( ) Delete
Name: PEREZ, GUILLERMO
Address: 9240 SW 72 ST., STE. 202
City-St-Zip: MIAMI, FL 33173

Title: STD ( ) Delete
Name: AMADOR, SILVIA
Address: 9240 SW 72 ST., STE. 202
City-St-Zip: MIAMI, FL 33173

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 for the exemption stated in Section 119.07(3)(i), 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: ABEL AMADOR PD 04/16/2005
Electronic Signature of Signing Officer or Director Date