

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 09, 2009**  
**Secretary of State**

DOCUMENT# N04000010492

**Entity Name:** ABEL HOMES AT NARANJA VILLAS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1 ALHAMBRA PLAZA PH  
CORAL GABLES, FL 33134 US**New Principal Place of Business:**2936 SW 133 AVE  
MIRAMAR, FL 33027 US**Current Mailing Address:**1 ALHAMBRA PLAZA PH  
CORAL GABLES, FL 33134 US**New Mailing Address:**P.O. BOX 277568  
MIRAMAR, FL 33027**FEI Number:** 20-2223095**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NICHOLS, JOHN C  
1 ALHAMBRA PLAZA PH  
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**COLON, LAZARO M  
2936 SW 133 AVE  
MIRAMAR, FL 33027 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: LAZARO MICHAEL COLON

12/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NICHOLS, JOHN  
Address: 1 ALHAMBRA PLAZA PH  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V ( ) Delete  
Name: COLON, MIKE  
Address: 1 ALHAMBRA PLAZA PH  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: ST ( ) Delete  
Name: HORTON, NICHOLE  
Address: 1 ALHAMBRA PLAZA PH  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COLON, LAZARO M  
Address: P.O. BOX 277568  
City-St-Zip: MIRAMAR, FL 33027 US

Title: VP (X) Change ( ) Addition  
Name: DELGADO, ERNESTO S  
Address: P.O. BOX 277568  
City-St-Zip: MIRAMAR, FL 33134 US

Title: ST (X) Change ( ) Addition  
Name: HORTON, NICHOLE  
Address: P.O. BOX 277568  
City-St-Zip: MIRAMAR, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify 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: LAZARO MICHAEL COLON

P

12/09/2009

Electronic Signature of Signing Officer or Director

Date