

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011703

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** VILLAS AT SANTANDER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

615 SANTANDER AVE  
UNIT C  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

615 SANTANDER AVE  
UNIT C  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-2025940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAROM, THOMAS L  
615 SANTANDER AVE  
UNIT C  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** JAROM, THOMAS L  
**Address:** 615 SANTANDER AVE #C  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** S  
**Name:** RODRIGUEZ, GRACIELLA  
**Address:** 615 SANTANDER AVE #E  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** P  
**Name:** GRANTHAM, WILLIAM M  
**Address:** 615 SANTANDER AVE #A  
**City-St-Zip:** CORAL GABLES, FL 33134

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:** THOMAS L. JAROM

TREA

01/05/2010

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

\_\_\_\_\_  
Date