2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N05000000237

Entity Name: MENDOZA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

300 ARAGON AVE.
210
CORAL GABLES, FL 33134

New Principal Place of Business:

115 MENDOZA AVENUE
CORAL GABLES, FL 33134 US

Current Mailing Address:

115 MENDOZA AVE #401
ATTN: ROSA M. QUINTERO
CORAL GABLES, FL 33134

New Mailing Address:

300 ARAGON AVENUE
SUITE 210
CORAL GABLES, FL 33134 US

FEI Number: 20-2149225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, JUAN A P.A.
10221 SW 72 ST.
A-106
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

SANCHEZ, JUAN A P.A.
10251 SUNSET DRIVE
A-106
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: JUAN A. SANCHEZ 03/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STRAIN, ROBERT
Address: 115 MENDOZA AVE #502
City-St-Zip: CORAL GABLES, FL 33134

Title: STD ( ) Delete
Name: GONZALEZ, AYDA
Address: 115 MENDOZA AVE., #501
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: QUINTERO, ROSA M
Address: 115 MENDOZA AVE #401
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STRAIN, ROBERT
Address: 115 MENDOZA AVENUE #502
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SD (X) Change ( ) Addition
Name: GONZALEZ, AIDA
Address: 115 MENDOZA AVENUE #501
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TD (X) Change ( ) Addition
Name: QUINTERO, ROSA M
Address: 115 MENDOZA AVE #401
City-St-Zip: CORAL GABLES, FL 33134 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: ROBERT STRAIN PD 03/20/2009
Electronic Signature of Signing Officer or Director Date