

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000642

FILED
Apr 08, 2009
Secretary of State

Entity Name: LAS TERRAZAS AT VIZCAYA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1145 SAWGRASS CORP PKWY
SUNRISE, FL 33027

New Principal Place of Business:

Current Mailing Address:

1145 SAWGRASS CORP PKWY
SUNRISE, FL 33027

New Mailing Address:

FEI Number: 20-4614354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD, STE 540
PLANTATION, FL 33027 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: DP () Delete
Name: RAMIREZ, LUZ
Address: 14037 SW 49 ST
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: BURRERO, PABLO
Address: 4903 SW 140 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: DS () Delete
Name: RODRIGUEZ, ARMANDO
Address: 14041 SW 49 COURT
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BALAKRISHNAN, VINAYAGAR
Address: 5091 SW 128 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: DV (X) Change () Addition
Name: BASTOS, JESUS
Address: 5091 SW 128 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: DT (X) Change () Addition
Name: SOMASUNDARAN, BALA
Address: 5091 SW 128 AVENUE
City-St-Zip: MIRAMAR, FL 33027

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: VINAYAGAR BALAKRISHNAN

DP

04/08/2009

Electronic Signature of Signing Officer or Director

Date