


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000001613 1. Entity Name VILLA VERANDA CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 14411 COMMERCE WAY #240 MIAMI LAKES, FL 33016	Mailing Address 14411 COMMERCE WAY #240 MIAMI LAKES, FL 33016
--	--



04032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-9650001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZARATE, JORGE CAM
14411 COMMERCE WAY
#240
MIAMI LAKES, FL 33016

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

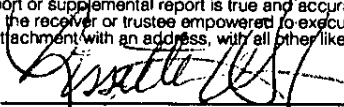
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, LISSETTE O 7865 W. 30 CT., #103 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNOZ, RICARDO I 2274 SW 185 AVE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, LLUDMICA 3178 W 77 PLACE HIALEAH, FL 33018000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000883242
04/16/08-80071-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08 **305-824-4672**
Date Daytime Phone #