


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90093 042 \*\*\*\*61.25

<b>DOCUMENT # N05000001628</b>					
1. Entity Name VILLAMORE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6011 WEST 24TH AVE HIALEAH, FL 33016		Mailing Address 7900 NW 155 STREET 205 MIAMI LAKES, FL 33016			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2366287	
				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			7. Name and Address of New Registered Agent		
EISINGER, DENNIS EISINGER, BROWN, LEWIS 4000 HOLLYWOOD BLVD., STE. 205 S. HOLLYWOOD, FL 33021			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, PABLO		NAME	Delgado Pablo	
STREET ADDRESS	6011 WEST 24TH AVE 104		STREET ADDRESS	6011 W 24 ave # 104	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	Hialeah, Florida 33012	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUAREZ, MAYBEL		NAME	Timenez, Randall A.	
STREET ADDRESS	2614 W 64 STREET		STREET ADDRESS	6041 W 24 ave # B104	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	Hialeah FL 33016	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lopez, Lydia	
STREET ADDRESS			STREET ADDRESS	14411 Dade Pine Quence	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Lakes, Florida 33014	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Samantha Torres</i>		Date		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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