

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002927

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: VILLA SAN REMO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11981 SW 144TH COURT  
SUITE 201  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

11981 SW 144TH COURT  
SUITE 201  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-2546208      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PAIGE, ROBERT E ESQ  
9500 SOUTH DADELAND BLVD  
SUITE 550  
MIAMI, FL 33156 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: PD ( ) Delete  
Name: MEDINA, JANET  
Address: 1515 SAN REMO AVE #E6  
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD ( ) Delete  
Name: JONES, EDGAR  
Address: 515 TURLE AVE  
City-St-Zip: MIAMI, FL 33143

Title: STD (X) Delete  
Name: JONES, EDGAR  
Address: 515 TIURLI AVE  
City-St-Zip: MIAMI, FL 33143

Title: STD ( ) Delete  
Name: ANDERSON, TONAD  
Address: 1515 SAN REMO AVE #E3  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: JONES, EDGAR  
Address: 515 TIVOLI AVE  
City-St-Zip: CORAL GABLES, FL 33143

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: ANDERSON, TC HAD-MARIE  
Address: 1515 SAN REMO AVE #E3  
City-St-Zip: CORAL GABLES, FL 33146

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: TCHAD-MARIE ANDERSON

STD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date