

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006398

1. Entity Name
**PHILIP PARK VILLAS CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**1804 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

Mailing Address

**1804 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**



04032008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-3033116 ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JEFFREY R. MARGOLIS, P.A.
% DUANE MORRIS, LLP
200 SOUTH BISCAYNE BLVD. SUITE 3400
MIAMI, FL 33131**

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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**

U000000913849
05/08/08-60031-006 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
MENEDEZ, JUAN C
1804 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
AGUILERA, NANCY
1804 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LOZANO, MAGGIE
1804 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/18/08
Date

Daytime Phone #