

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006398

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PHILIP PARK VILLAS CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1805 PONCE DE LEON BLVD STE 110  
CORAL GABLES, FL 33134

## New Principal Place of Business:

1805 PONCE DE LEON BLVD.  
110  
CORAL GABLES, FL 33134

## Current Mailing Address:

1805 PONCE DE LEON BLVD STE 110  
CORAL GABLES, FL 33134

## New Mailing Address:

1805 PONCE DE LEON BLVD.  
110  
CORAL GABLES, FL 33134

FEI Number: 20-3033116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VILLA SALES CENTER, INC.  
1805 PONCE DE LEON BLVD STE 110  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

VILLA SALES CENTER, INC.  
1805 PONCE DE LEON BLVD.  
110  
CORAL GABLES, FL 33134 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: MENEDEZ, JUAN C  
Address: 1804 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: AGUILERA, NANCY  
Address: 1804 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete  
Name: LOZANO, MAGGIE  
Address: 1804 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: MENEDEZ, JUAN C  
Address: 1805 PONCE DE LEON BLVD. STE 110  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change ( ) Addition  
Name: AGUILERA, NANCY  
Address: 1805 PONCE DE LEON BLVD. STE 110  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Change ( ) Addition  
Name: LOZANO, MAGGIE  
Address: 1805 PONCE DE LEON BLVD. STE 110  
City-St-Zip: CORAL GABLES, FL 33134

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: JUAN CARLOS MENEDEZ

PSD

04/14/2009

Electronic Signature of Signing Officer or Director

Date