

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007960

FILED
Jan 23, 2007
Secretary of State

Entity Name: VILLAS DEL ESTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3006 AVIATION AVE SUITE 2A
COCONUT GROVE, FL 33133

New Principal Place of Business:

13081 SW 133 COURT
MIAMI, FL 33186

Current Mailing Address:

3006 AVIATION AVE SUITE 2A
COCONUT GROVE, FL 33133

New Mailing Address:

13081 SW 133 COURT
MIAMI, FL 33186

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA CORPORATE SERVICES LLC
3006 AVIATION AVE SUITE 2A
COCONUT GROVE, FL 33133 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: DP () Delete
Name: FERNANDEZ, OSCAR
Address: 13081 SW 133RD CT
City-St-Zip: MIAMI, FL 33186

Title: DV () Delete
Name: EDEN, ADIB
Address: 9415 SW 144TH STREET
City-St-Zip: MIAMI, FL 33176

Title: DST () Delete
Name: LEON, LUIS
Address: 13081 SW 133RD CT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: FERNANDEZ, OSCAR
Address: 13081 SW 133RD CT
City-St-Zip: MIAMI, FL 33186

Title: DP (X) Change () Addition
Name: EDEN, ADIB
Address: 13081 SW 133RD CT
City-St-Zip: MIAMI, FL 33186

Title: DV (X) Change () Addition
Name: LEON, LUIS
Address: 13081 SW 133RD CT
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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: ADIB EDEN

P

01/23/2007

Electronic Signature of Signing Officer or Director

Date