2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008096

FILED Aug 27, 2007 Secretary of State

Entity Name: VILLAS SANTORINI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 14334 WELLINGTON TRACE WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** 14334 WELLINGTON TRACE WELLINGTON, FL 33414 FEI Number: 20-2992453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAC MAHON, DERMOT P 1860 FOREST HILL BOULEVARD SUITE 105 WEST PALM BEACH, FL 33406 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FUERTES, FERNANDO ANDRADE, ALFONSO Name: Name: Address: 399 NW 72ND AVE., UNIT 309 Address: 14334 WELLINGTON TRACE City-St-Zip: MIAMI, FL 33126 US City-St-Zip: WELLINGTON, FL 33414 US Title: Title: (X) Change () Addition () Delete FERRERA, HAYDEE Name: Name: ANDRADE, PATRICIA M Address: 399 NW 72ND AVE., UNIT 317 Address: 2441 COUNTRY GOLF DRIVE City-St-Zip: MIAMI, FL 33126 US City-St-Zip: WELLINGTON, FL 33414 US Title: () Delete Title: (X) Change () Addition ANDRADE, PATRICIA L QUISPE, RAUL Name: Name: 399 NW 72ND AVE., UNIT 303 14334 WELLINGTON TRACE Address: Address: City-St-Zip: MIAMI, FL 33126 US City-St-Zip: WELLINGTON, FL 33414 US Title: (X) Delete Title: () Change () Addition Name: GALVEZ, ROBERTO Name: 399 NW 72ND AVE., UNIT 317 Address: Address: City-St-Zip: MIAMI, FL 33126 US City-St-Zip: Title: Title: (X) Delete () Change () Addition PARRA, NESTOR Name: Name: 399 NW 72ND AVE., UNIT 201 Address: Address: MIAMI, FL 33126 US City-St-Zip: City-St-Zip:

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: ALFONSO ANDRADE P 08/27/2007