

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000008340 1. Entity Name FUTURA VILLAS CONDOMINIUM ASSOCIATION NO. 9, INC.	
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Principal Place of Business 11125 SW 177 ST MIAMI, FL 33157	Mailing Address 11125 SW 177 ST MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



05092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 57-1229840	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, GLEN A 11125 SW 177 ST MIAMI, FL 33157
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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 September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000951006 06/04/08-80013-028 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SMITH, GLEN 11125 SW 177 ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SMITH, ANGELA 11125 SW 177 ST MIAMI, FL 33157
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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: Angela Smith **5/9/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #