

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010051

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** FICUS VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18001 OLD CUTLER ROAD  
341  
PALMETTO BAY, F 33157 US

**New Principal Place of Business:**

10511 NORTH KENDALL DRIVE  
SUITE C 205  
MIAMI, F 33176 US

**Current Mailing Address:**

P.O. BOX 520682  
MIAMI, FL 33152

**New Mailing Address:**

FEI Number: 20-3553616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACHADO, LUIS  
18001 OLD CUTLER ROAD  
341  
PALMETTO BAY, FL 33157 US

**Name and Address of New Registered Agent:**

MACHADO, LUIS  
10511 NORTH KENDALL DRIVE  
SUITE C 205  
MIAMI, FL 33176 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:

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MACHADO, LUIS  
Address: P.O. BOX 520682  
City-St-Zip: MIAMI, FL 33152

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: MACHADO, ANA M  
Address: P.O. BOX 520682  
City-St-Zip: MIAMI, FL 33152

Title: S ( ) Change (X) Addition  
Name: BENITEZ, JUNARDA P  
Address: P.O. BOX 520682  
City-St-Zip: MIAMI, FL 33152

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: LUIS MACHADO

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date