2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010877

FILED Apr 29, 2008 Secretary of State

Entity Name: VILLAS OF WEST BIRD CONDOMINIUM ASSOCIATION INC

urrent F	Principal Place of Business:	New Principal Place of Business:
901 SW IAMI, FL		12350 SW 132 CT STE 114 MIAMI, FL 33186
urrent N	Mailing Address:	New Mailing Address:
800 NW 45 CRAL, F	17 ST FL 33126	12350 SW 132 CT STE 114 MIAMI, FL 33186
I Number	r: 20-3869151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
ame and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
	R, DENNIS	
JITE 26: DLLYW	OOD, FL 33021 US	
JITE 269 OLLYW ne above	5-S OOD, FL 33021 US	r the purpose of changing its registered office or registered agent, or both,
JITE 269 DLLYWO le above the Stat	5-S OOD, FL 33021 US e named entity submits this statement fo te of Florida. IRE:	
JITE 269 DLLYWO le above the Stat	5-S OOD, FL 33021 US e named entity submits this statement fo te of Florida.	
JITE 26: OLLYWO ne above the Stat GNATU	5-S OOD, FL 33021 US e named entity submits this statement fo te of Florida. IRE:	
JITE 26: DLLYWO are above the Stat GNATU FFICER e: me: dress:	5-S OOD, FL 33021 US e named entity submits this statement for te of Florida. IRE: Electronic Signature of Registere S AND DIRECTORS: DP () Delete CHALA, RUBEN 3901 SW 112 AV #7	ed Agent Date
JITE 26: DLLYWO ne above the Stat GNATU	5-S OOD, FL 33021 US e named entity submits this statement for te of Florida. IRE: Electronic Signature of Registere S AND DIRECTORS: DP () Delete CHALA, RUBEN 3901 SW 112 AV #7	ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:

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: GENE LOPEZ TD 04/29/2008