


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90029 032 ****61.25

DOCUMENT # N05000012214 1. Entity Name VILLAS OF ALICE AVENUE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 348 DAVIS AVENUE PALM SPRINGS, FL 33461			Mailing Address 348 DAVIS AVENUE PALM SPRINGS, FL 33461		
2. Principal Place of Business - No P.O. Box # 1817 Alice Ave		3. Mailing Address 1817 Alice Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State W.P.B. FL.		City & State W.P.B. FL.		4. FEI Number 20-4069768	
Zip 33406		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEBRERA, HECTOR 348 DAVIS AVENUE PALM SPRINGS, FL 33461		7. Name and Address of New Registered Agent Name PENA, Rafael D. Street Address (P.O. Box Number is not acceptable) 1817 Alice Ave W.P.B. City FL Zip Code 33406			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, HECTOR 348 DAVIS AVENUE PALM SPRINGS, FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENA, Rafael D. 1817 Alice Ave W.P.B. FL. 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VASQUEZ, ADRIA 4570 KELMAR DRIVE WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Barrios, John 1801 Alice Ave W.P.B. FL. 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CABRERA, FRANCISCO 1680 BARBADOS ROAD LAKE CLARKE SHORES, FL 33406	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Rafael D. Pena</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					