

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012567

FILED
Apr 21, 2009
Secretary of State

Entity Name: IBIS VILLAS AT DORAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8433 W OKEECHOBEE RD
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

12484 NW SOUTH RIVER DR
MEDLEY, FL 33178

Current Mailing Address:

8433 W OKEECHOBEE RD
HIALEAH GARDENS, FL 33016

New Mailing Address:

12484 NW SOUTH RIVER DR
MEDLEY, FL 33178

FEI Number: 20-4090468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, PABLO J
8433 W OKEECHOBEE RD
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

VALDES, PABLO J
12484 NW SOUTH RIVER DR
MEDLEY, FL 33178 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: _____

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALDES, PABLO J
Address: 8433 W OKEECHOBEE RD
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: VPD () Delete
Name: ESQUIVEL, NIURKA
Address: 8433 W OKEECHOBEE RD
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: STD () Delete
Name: BEDOYA, JUAN
Address: 8433 W OKEECHOBEE RD
City-St-Zip: HIALEAH GARDENS, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VALDES, PABLO J
Address: 12484 NW SOUTH RIVER DR
City-St-Zip: MEDLEY, FL 33178

Title: VPD (X) Change () Addition
Name: ESQUIVEL, NIURKA
Address: 12484 NW SOUTH RIVER DR
City-St-Zip: MEDLEY, FL 33178

Title: STD (X) Change () Addition
Name: BEDOYA, JUAN
Address: 12484 NW SOUTH RIVER DR
City-St-Zip: MEDLEY, FL 33178

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: NIURKA ESQUIVEL

VPD

04/21/2009

Electronic Signature of Signing Officer or Director

Date