

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90106 035 ****61.25

DOCUMENT # N05519

1. Entity Name

VILLAS ARANDEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2277 WEST 52ND STREET
HIALEAH FL 33016

Mailing Address

2277 WEST 52ND STREET
HIALEAH FL 33016

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2491405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, RAMON
2289 W 52 ST
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name

CARIDAD MOLINA

DS

Street Address (P.O. Box Number is Not Acceptable)

2273 W 52 ST

City

HIALEAH

FL

Zip Code

33016

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]

Signature, typed or printed name of registered agent and title if applicable.

CARIDAD MOLINA

(NOTE: Registered Agent signature required when re-registering)

1-29-07

Date

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME RAMON, SANCHEZ
STREET ADDRESS 2289 W 52 ST
CITY-STATE-ZIP HIALEAH FL 33016 ☒ Delete

TITLE DT
NAME RIVERA, ANDREW, MR
STREET ADDRESS 2287 W 52ND ST
CITY-STATE-ZIP HIALEAH FL ☐ Delete

TITLE DS
NAME CHIRINO, ISRAEL, MR
STREET ADDRESS 2277 W 52ND ST
CITY-STATE-ZIP HIALEAH FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME ISRAEL CHIRINO
STREET ADDRESS 2277 W 52 ST
CITY-STATE-ZIP HIALEAH, FL 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] ISRAEL CHIRINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-07

Date

305-821-8089

Daytime Phone #