


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90014 010 ****61.25

DOCUMENT # N06000001498 1. Entity Name LAS VILLAS DE FOUNTAINBLEU CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O BRITANNIA REALTY MANAGEMENT 10556 NW 26 ST STE D-203 DORAL, FL 33172			Mailing Address P O BOX 441189 MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box # RENOVATIONS PROPERTY MGT				3. Mailing Address SALE AS ABOVE	
Suite, Apt. #, etc. 6801 NW 77 AVE Suite 306A		Suite, Apt. #, etc. SALE AS ABOVE		02122008 Chg-NP CR2E037 (12/06)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-5314417	
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARROM, ORLANDO 10556 NW 26 ST STE D-203 DORAL, FL 33172				7. Name and Address of New Registered Agent RENOVATIONS PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 6801 NW 77 AVE Suite 306A City MIAMI FL 33166	
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 <u><i>Marilyn Alrochuar</i></u> MARILYN ALROCHUAR 02/12/08 <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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	D ESCOBAR, KENA 8031 NW 8TH STREET, UNIT 12 MIAMI, FL 33126	<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	D RAMOS, ROBERTO 8025 NW 8 STREET UNIT 13 MIAMI, FL 33126	<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	D DE LAPERA, ANTHONY 8035 NW 8 STREET UNIT 5 MIAMI, FL 33126	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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: <u><i>Robert Ramos</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 02/10/08 (305) 333-3681 <small>Daytime Phone #</small>	