
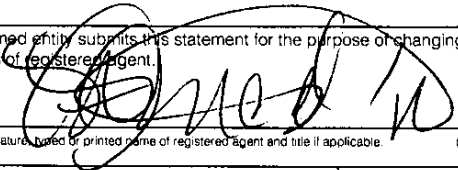
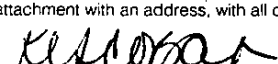


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 JUN 27 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000001498 1. Entity Name LAS VILLAS DE FOUNTAINBLEU CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business RENOVATIONS PROPERTY MANAGEMENT 6801 NW 77 AVE SUITE 306 A MIAMI, FL 33166		Mailing Address P O BOX 441189 MIAMI, FL 33144	
2. Principal Place of Business - M P.O. Box # RENOVATIONS PROPERTY MNG Suite, Apt. #, etc. 6801 NW 77 AVE #205		3. Mailing Address P O BOX 940218 Suite, Apt. #, etc. -	
City & State MIAMI, FL Zip 33166		City & State MIAMI, FL Zip 33194	
Country USA		Country USA	
4. FEI Number 20-5314417		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RENOVATIONS PROPERTY MANAGEMENT 6801 NW 77 AVE SUITE 306 A MIAMI, FL 33166		7. Name and Address of New Registered Agent Name RENOVATIONS PROPERTY MNG Street Address (P.O. Box Number is Not Acceptable) 6801 NW 77 AVE SUITE 205 City MIAMI FL Zip Code 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  DATE 5/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		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			
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	D RAMOS, ROBERTO 8025 NW 8 STREET UNIT 13 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LAPERA, ANTHONY 8035 NW 8 STREET UNIT 5 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDUARDO MUÑOZ 6801 NW 77 AVE #205 MIAMI, FL 33166	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODALYS VALDES 6801 NW 77 AVE #205 MIAMI, FL 33166	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBAR, KENIA 6801 NW 77 AVE #205 MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDUARDO MUÑOZ 6801 NW 77 AVE #205 MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
200132068527 07/02/08--01010--001 **\$61.25			
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:  Kenia Escobar 6/18/2008 (305) 6097477 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			