

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001871

FILED
Jan 04, 2007
Secretary of State

Entity Name: VILLAS AT SEGOVIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

999 BRICKELL AVE SUITE 500
MIAMI, FL 33131

New Principal Place of Business:

1000 BRICKELL AVE SUITE 1005
MIAMI, FL 33131

Current Mailing Address:

999 BRICKELL AVE SUITE 500
MIAMI, FL 33131

New Mailing Address:

1000 BRICKELL AVE SUITE 1005
MIAMI, FL 33131

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARRICK, BRUCE A ESQ
9130 S DADELAND BLVD SUITE 1500
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FARFAN, FREDDIE
Address: 999 BRICKELL AVE SUITE 500
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SLODARZ, MONICA
Address: 999 BRICKELL AVE SUITE 500
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: PRAT, ANGELO
Address: 999 BRICKELL AVE SUITE 500
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FARFAN, FREDDY
Address: 1000 BRICKELL AVE SUITE 1005
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change () Addition
Name: SLODARZ, MONICA
Address: 1000 BRICKELL AVE SUITE 1005
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FREDDY FARFAN

D

01/04/2007

Electronic Signature of Signing Officer or Director

Date