

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001871

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** VILLAS AT SEGOVIA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 BRICKELL AVE SUITE 1005  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1000 BRICKELL AVE SUITE 1005  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**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, FREDDY  
Address: 1000 BRICKELL AVE SUITE 1005  
City-St-Zip: MIAMI, FL 33131

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: FREDDY FARFAN

D

01/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date