

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 12, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90062 002 \*\*\*\*61.25

<b>DOCUMENT # N06000002648</b> 1. Entity Name <b>AGUADULCE VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>10973 SW 4TH STREET SWEETWATER, FL 33174</b>			Mailing Address <b>10973 SW 4TH STREET SWEETWATER, FL 33174</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>7446 SW 48 St. Miami, FL 33155</b>			
City & State Zip		City & State <b>33155</b> Zip		4. FEI Number <b>42-1726117</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE SUITE 700 COCONUT GROVE, FL 33133-PD</b>				7. Name and Address of New Registered Agent Name <b>Vilar Property Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>7446 SW 48 St.</b> City <b>Miami</b> FL Zip Code <b>33155</b>	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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	<input type="checkbox"/> Delete <b>VPD ALTAMIRANO, HAROLD 10973 SW 4TH STREET, #101 MIAMI, FL 33174</b>		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		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		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		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:			3-28-07 (305) 662-7781		
SIGNATURE (SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			Date Daytime Phone #		

**ATTACHMENT**

66018722  
#106000002648

**Agua Dulce Villas Condominium  
c/o Vilar Property Management  
7446 SW 48 ST  
Miami Fl 33155**

**Ph: (305)662-2781 Fax: (305)662-2776**

**06/06/07**

**To whom it may concern:**

**Attached find a copy of a form you returned to us because of missing information. We corrected what we needed and sent it back to you on 04/12/07. Every day we check on the computer to make sure the changes are already posted but everything remains the same. We would like to know if you need more information or how many days would it take to be posted.**

**Thanks for your cooperation.**

**Agua Dulce Condominium.  
Board of Directors.**