2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N06000008476

Entity Name: YILL REGENCY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2470 NW 102 PL
SUITE 107
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2470 NW 102 PLACE
SUITE 107
DORAL, FL 33172

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUZA, MANUEL F
2470 NW 102 PLACE
SUITE 102
DORAL, FL 33172 US

Name and Address of New Registered Agent:

BOUZA, MANUEL F
2470 NW 102 PLACE
SUITE 107
DORAL, FL 33172 US

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: MANUEL F BOUZA 02/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOUZA, YILL
Address: 2470 NW 102 PLACE, #107
City-St-Zip: DORAL, FL 33172

Title: V ( ) Delete
Name: BOUZA, MANUEL F
Address: 2470 NW 102 PLACE, #107
City-St-Zip: DORAL, FL 33172

Title: T ( ) Delete
Name: GALLARDO, INES
Address: 2470 NW 102 PLACE, #107
City-St-Zip: DORAL, FL 33172

Title: S ( ) Delete
Name: BOUZA, FILBERTO
Address: 2470 NW 102 PL #107
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MANUEL F BOUZA V 02/09/2009
Electronic Signature of Signing Officer or Director Date