

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011190

FILED
Feb 07, 2008
Secretary of State

Entity Name: RUE VERSAILLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6835 RUE VERSAILLES
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

4311 PONCE DE LEON BLVD.
C/O OXFORD UNIVERSAL
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-5943167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPUA, MARISA P ESQ.
1826 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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: P () Delete
Name: FERNANDES, MARCELO
Address: 4311 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: S,T () Delete
Name: FERNANDES, MARCELO
Address: 4311 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: FERNANDES, MARCELO
Address: 4311 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: FERNANDES, OTTONI
Address: 4311 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: HERNANDEZ, VICTOR M
Address: 4311 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

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:

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: MARCELO FERNANDES

MGR

02/07/2008

Electronic Signature of Signing Officer or Director

Date