

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012050

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE VILLAGE AT BEACON LAKES CONDOMINIUM NUMBER ONE ASSOCIATION, INC.

Current Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134

New Principal Place of Business:

2855 LEJEUNE ROAD
4TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134

New Mailing Address:

2855 LEJEUNE ROAD
4TH FLOOR
CORAL GABLES, FL 33134

FEI Number: 20-8275411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE
28TH FLOOR
MIAMI, FL 33131 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: PD () Delete
Name: ROMERO, RAFAEL
Address: 355 ALHAMBRA CIRCLE SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: LATTA, BRIAN
Address: 355 ALHAMBRA CIRCLE SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

Title: STD () Delete
Name: SMITH, MARK
Address: 355 ALHAMBRA CIRCLE SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROMERO, RAFAEL
Address: 2855 LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: LATTA, BRIAN
Address: 2855 LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: STD (X) Change () Addition
Name: SMITH, MARK
Address: 2855 LEJEUNE ROAD, 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134

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: KOLLEEN COBB

VP

04/30/2007

Electronic Signature of Signing Officer or Director

Date