

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012487

FILED
Feb 17, 2009
Secretary of State

Entity Name: VILLAS DEL PARAISO CONDOMINIUM NO. ONE ASSOCIATION, INC.

Current Principal Place of Business:

1200 PONCE DE LEON BLVD
CORAL GABLES, FL 331343323

New Principal Place of Business:

Current Mailing Address:

1200 PONCE DE LEON BLVD
CORAL GABLES, FL 331343323

New Mailing Address:

C/O THE CONTINENTAL GROUP, INC.
11981 SW 144 CT STE#201
MIAMI, FL 33186

FEI Number: 01-0897867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARCH, JR., J M
255 UNIVERSITY DRIVE
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: SD () Delete
Name: BLANCO, NANCY
Address: 1200 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343323

Title: PD () Delete
Name: BODE, ODALYS
Address: 1200 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343323

Title: VD (X) Delete
Name: EMAMDEE, CAROLYN
Address: 1200 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BODE, ODALYS
Address: 1200 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343323

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: ODALYS BODE

VP

02/17/2009

Electronic Signature of Signing Officer or Director

Date