2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N07000002764

Entity Name: VILLAS DE ASTURIAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

350 EAST 21 STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

350 EAST 21 STREET
HIALEAH, FL 33010

New Mailing Address:

900 W 49 ST
220
HIALEAH, FL 33012

FEI Number: 26-0741105 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, ROBERTO A
6800 SW 40TH STREET SUITE 235
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

DELATORRE, CLEMENTE J
900 W 49 ST
220
HIALEAH, FL 33012 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: CLEMENTE J. DELATORRE 04/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: FERNANDEZ, ROBERTO A
Address: 6800 SW 40TH STREET, SUITE 235
City-St-Zip: MIAMI, FL 33155 US

Title: D ( ) Delete
Name: MAYENDIA, ALEJANDRO
Address: 6800 SW 40TH STREET SUITE 235
City-St-Zip: MIAMI, FL 33155

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ARANGO, MANUEL
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012 US

Title: TD (X) Change ( ) Addition
Name: PEREZ-SARROCA, MANUEL
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012 US

Title: S ( ) Change (X) Addition
Name: BETANCOURT, ALBERTO
Address: 900 W 49 ST STE 220
City-St-Zip: HIALEAH, FL 33012 US

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 ARANGO PD 04/01/2009
Electronic Signature of Signing Officer or Director Date