

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006711

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: VILLAS AT 17TH STREET NO. 2 CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1000 BRICKELL AVE.  
SUITE 1500  
MIAMI, FL 33156

## New Principal Place of Business:

848 BRICKELL AVE.  
SUITE 1015  
MIAMI, FL 33131

## Current Mailing Address:

1000 BRICKELL AVE.  
SUITE 1500  
MIAMI, FL 33156

## New Mailing Address:

848 BRICKELL AVE.  
SUITE 1015  
MIAMI, FL 33131

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARRICK, BRUCE A  
9130 SOUTH DADELAND BLVD.  
1500  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

MONICA, SLODARZ  
848 BRICKELL AVE  
1015  
MIAMI, FL 33131 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: MONICA SLODARZ

02/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FARFAN, FREDDIE  
Address: 1000 BRICKELL AVE. SUITE 500  
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Delete  
Name: SLODARZ, MONICA  
Address: 1000 BRICKELL AVE. SUITE 500  
City-St-Zip: MIAMI, FL 33131

Title: S/T (X) Delete  
Name: BORGES, ALFREDO  
Address: 1000 BRICKELL AVE. SUITE 500  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AMARO RANGEL, DOMINGO A  
Address: 848 BRICKELL AVE STE 1015  
City-St-Zip: MIAMI, FL 33131

Title: VP (X) Change ( ) Addition  
Name: CHACON DE AMARO, EMILIA  
Address: 848 BRICKELL AVE STE 1015  
City-St-Zip: MIAMI, FL 33131

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: DOMINGO AMARO

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date