

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90047 042 \*\*\*\*61.25

**DOCUMENT # N10832**

1. Entity Name  
EL RELOJ VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
11251 SW 112 AVE  
MIAMI, FL 33174

Mailing Address  
305 ALCAZAR AVE.  
CORAL GABLES, FL 33134

**40067933**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
65-0168990

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VILAR PROPERTY MANAGEMENT  
305 ALCAZAR AVE.  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RODRIGUEZ, JOSEFINA  
STREET ADDRESS 11213 SW. 1 ST. #4  
CITY-ST-ZIP MIAMI, FL 33174

TITLE ~~VPD~~ SD ☐ Delete  
NAME OBANDO, MARIA  
STREET ADDRESS 11241 SW 1ST STREET, #7  
CITY-ST-ZIP MIAMI, FL 33174

TITLE TD ☐ Delete  
NAME OBANDO, MARIA  
STREET ADDRESS 11241 SW 1ST ST. #7 11241 S.W. 1st Street  
CITY-ST-ZIP MIAMI, FL 33174

TITLE VPD ☐ Delete  
NAME CEDINO, TERESA  
STREET ADDRESS 11229 SW 1 ST  
CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Josefina Rodriguez* 4-10-08