


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90042 027 ****61.25

DOCUMENT # N11842	
1. Entity Name VILLAS OF MIDWAY CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 8325 NW 8TH ST MIAMI, FL 33126	Mailing Address 400 SW 107TH AVE STE 312 MIAMI, FL 33174
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40052341



DO NOT WRITE IN THIS SPACE

03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-2951117	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANCHEZ, GUSTAVO 8325 NW 8TH ST #A-2 MIAMI, FL 3126

**DO NOT WRITE
IN THIS SPACE**

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 *Gustavo Sanchez* (NOTE: Registered Agent signature required when reinstalling) DATE 3/22/2007

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANCHEZ, GUSTAVO 8325 NW 7 STREET #A-2 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GUTIERREZ, DAMARIS 8327 NW 8 STREET #B-1 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTINEZ, HIURKA 8325 NW 8TH ST, #A-8 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Gustavo Sanchez* 3/22/07 (305) 220-5684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #