


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N11842 1. Entity Name VILLAS OF MIDWAY CONDOMINIUM ASSOCIATION, INC.	
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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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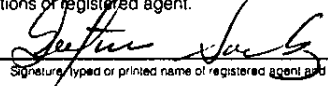
**DO NOT WRITE IN THIS SPACE**

03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-2951117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SANCHEZ, GUSTAVO 8325 NW 8TH ST #A-2 MIAMI, FL 3126	<b>DO NOT WRITE IN THIS SPACE</b>
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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  (NOTE: Registered Agent signature required when reinstating) DATE 4/1/2008

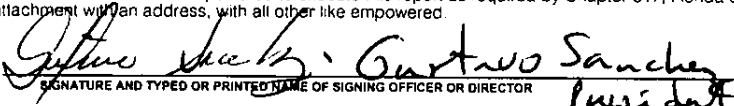
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, GUSTAVO 8325 NW 7 STREET #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	

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04/16/08-80010-002 61.25

**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:  4/1/08 (305) 220-5684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #