

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N12470

1. Entity Name
VILLAGE REAL WEST 16TH AVENUE\ CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

4160 WEST 16TH AVENUE, SUITE 207
HIALEAH, FL 33012-5853

Mailing Address

4160 WEST 16 AVENUE
SUITE 207
HIALEAH, FL 33012 US



03252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2630858

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES, JUAN E.
4160 WEST 16TH AVE.
SUITE 402
HIALEAH, FL

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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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RAMIRO, MARRERO
4160 WEST 16 AVE., #504
HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
VALDES, JUAN E.
4160 WEST 16TH AVE.#402
HIALEAH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
BOSTAMANTE, MARTHA
4160 WEST 16 AVE., #100
HIALEAH, FL 33012

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**

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04/16/08-80071-013 61.25

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] Director Jose L. Gonzalez

04/02/08 305-821-1177