
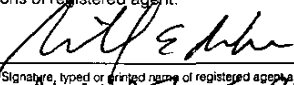



**2005 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

|  |                              |   |                              |
|--|------------------------------|---|------------------------------|
| DOCUMENT # N14452  |                              |    |                              |
| 1. Entity Name<br>VILLAS OF GOLFVIEW, INC.   |                              |   |                              |
| Principal Place of Business<br>9650 9674 FOUNTAINEBLEU BLVD<br>MIAMI, FL 33172   |                              | Mailing Address<br>C/O Michael Rehr, Esq.<br>9550 S. Dadeland Blvd<br>SUITE 550<br>MIAMI, FL 33150  |                              |
| 2. Principal Place of Business   |                              | 3. Mailing Address  |                              |
| Suite, Apt. #, etc.  |                              | Suite, Apt. #, etc.   |                              |
| City & State   |                              | City & State  |                              |
| Zip  | Country                      | Zip   | Country                      |
| 6. Name and Address of Current Registered Agent  |                              | 7. Name and Address of New Registered Agent   |                              |
| <del>DUGGER, ROBERT A SR<br/>7953 NW 53 STREET<br/>MIAMI, FL 33166-4603</del>  |                              | Name: MICHAEL REHR, ESQ.<br>Street Address (P.O. Box Number is Not Acceptable): 9500 SO. DADELAND BLVD #550<br>City: Miami FL Zip Code: 33156 |                              |
| 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: <br>MICHAEL E. REHR  |                              | DATE: 3/17/05   |                              |
| Amended AR is \$61.25  |                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                  |                              |
| Make check payable to Florida Department of State  |                              |   |                              |
| 10. OFFICERS AND DIRECTORS   |                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |                              |
| TITLE: D <input type="checkbox"/> Delete   | NAME: MORO, CARLOS           | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition  | NAME: 700050863537           |
| STREET ADDRESS: 9670 FOUNTAINEBLEU BLVD # 19   | CITY-ST-ZIP: MIAMI, FL 33172 | STREET ADDRESS: 04/15/05--01009--004  | CITY-ST-ZIP: **61.25         |
| TITLE: VPD <input checked="" type="checkbox"/> Delete  | NAME: LAMADRID, DIEGO        | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   | NAME: VPD BELKIS D. PALACIO  |
| STREET ADDRESS: 9674 FOUNTAINEBLEAU BLVD #25   | CITY-ST-ZIP: MIAMI, FL 33175 | STREET ADDRESS: 9660 FOUNTAINEBLEAU BLVD #14  | CITY-ST-ZIP: MIAMI, FL 33172 |
| TITLE: PD <input checked="" type="checkbox"/> Delete   | NAME: BERENQUER, MARIA       | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   | NAME: TD LUIS DEL PINO       |
| STREET ADDRESS: 9650 FONTAINEBLEAU BLVD #4   | CITY-ST-ZIP: MIAMI, FL 33172 | STREET ADDRESS: 9650 FOUNTAINEBLEAU BLVD #7   | CITY-ST-ZIP: MIAMI, FL 33172 |
| TITLE: <del>SD</del> <input type="checkbox"/> Delete   | NAME: GALLO, LUIS            | TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   | NAME: PD GALLO, LUIS         |
| STREET ADDRESS: 9670 FOUNTAINEBLEU # 20  | CITY-ST-ZIP: MIAMI, FL 33172 | STREET ADDRESS: 9670 FOUNTAINEBLEAU BLVD # 20   | CITY-ST-ZIP: MIAMI, FL 33172 |
| TITLE: TD <input checked="" type="checkbox"/> Delete   | NAME: RODRIQUEZ, VILMA       | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   | NAME: SD ALEJANDRO JUSTIZ    |
| STREET ADDRESS: 9670 FOUNTAINEBLEAU BLVD #15   | CITY-ST-ZIP: MIAMI, FL 33172 | STREET ADDRESS: 9660 FOUNTAINEBLEAU BLVD #13  | CITY-ST-ZIP: MIAMI, FL 33172 |
| TITLE: <input type="checkbox"/> Delete   | NAME:                        | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition  | NAME:                        |
| STREET ADDRESS:  | CITY-ST-ZIP:                 | STREET ADDRESS:   | CITY-ST-ZIP:                 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 my address, with all other like empowered. |                              |   |                              |
| SIGNATURE: <br>LUIS ALBERTO GALLO   |                              | DATE: 3/23/05   |                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                              | Daytime Phone #   |                              |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03032005 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2827046 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required