## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N18184

FILED May 01, 2009 Secretary of State

Entity Name: THE VILLAS OF NARANJA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** SOUTHWEST 264TH ST. AT 140TH PLACE NARANJA, FL 33032 **Current Mailing Address: New Mailing Address:** 250 N.BISCAYNE RIVER DR. 250 N. BISCAYNE RIVER DR. MIAMI, FL 33169 MIAMI, FL 33169 FEI Number: 65-0152846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRISCO, RONNY CRISCO, RONNY 250 N. BISCAYNE RIVER 250 N. BISCAYNE RIVER DR. MIAMI, FL 33169 MIAMI, FL 33169 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. SIGNATURE: 05/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CRISCO, RONNY CRISCO, RONNY Name: Name: Address: 250 N. BISCAYNE RIVER Address: 250 N. BISCAYNE RIVER DR. City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI, FL 33169 Title: () Delete Title: () Change () Addition Name: VARELA, JOSEPH Name: Address: 14741 SW 160 ST Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: () Delete Title: () Change () Addition GONZALEZ, MELVIA Name: Name: 18495 SOUTH DIXIE HWY 225 Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: JAMES, WALLACE Name: 9761 SW 221 ST Address: Address: City-St-Zip: MIAMI, FL 33190 City-St-Zip: Title: Title: BM () Delete () Change () Addition HECHLER, JOSE Name: Name: 16232 SW 42ND TERRACE Address: Address: MIAMI, FL 33185 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE CRISCO PD 05/01/2009