
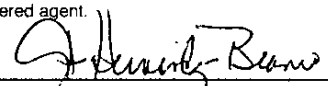
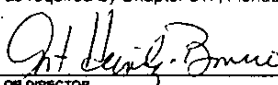


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90014 048 ****61.25

DOCUMENT # N37841 1. Entity Name COLONIAL VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 20 ALHAMBRA CIRCLE APT. 12 CORAL GABLES, FL 33134			Mailing Address 20 ALHAMBRA CIRCLE APT. 12 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0199208	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HERNÁNDO-BRAVO, ANA F 20 ALHAMBRA CIRCLE #12 CORAL GABLES, FL 33134				Name ANA F. HERNÁNDEZ - BRAVO Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANNERS, LYDIA		NAME		
STREET ADDRESS	20 ALHAMBRA CIRCLE #8		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMIREZ, ROBERT		NAME		
STREET ADDRESS	3416 ANDERSON RD.		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RONCI, JEFF		NAME	PD Robert Vergara	
STREET ADDRESS	20 ALHAMBRA CIRCLE #1		STREET ADDRESS	20 Alhambra Circle #7	
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP	CORAL Gables, FL 33134	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNÁNDO-BRAVO, ANA F		NAME	VD Ana F. Hernandez-Bravo	
STREET ADDRESS	20 ALHAMBRA CIR, # 12		STREET ADDRESS	20 Alhambra Circle #12	
CITY - ST - ZIP	CORAL GABLES, FL 33134		CITY - ST - ZIP	CORAL Gables, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VD Jose Venegas	
STREET ADDRESS			STREET ADDRESS	20 Alhambra Circle #10	
CITY - ST - ZIP			CITY - ST - ZIP	CORAL Gables, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: ANA F. HERNÁNDEZ - BRAVO 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 02/25/07 (305) 444-7033	