


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**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
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**DO NOT WRITE IN THIS SPACE**



01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0199208	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

HERNANDEZ-BRAVO, ANA F  
 20 ALHAMBRA CIRCLE #12  
 CORAL GABLES, FL 33134

**DO NOT WRITE 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 Ana F Hernandez-Bravo QMB 01/26/08  
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	SD MANNERS, LYDIA 20 ALHAMBRA CIRCLE #8 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMIREZ, ROBERT 3416 ANDERSON RD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERGARA, ROBERT 20 ALHAMBRA CIRCLE #7 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ-BRAVO, ANA F 20 ALHAMBRA CIR, # 12 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VENEGAS, JOSE 20 ALAHAMBRA CIRCLE #10 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/05/08-80088-007 61.25

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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 Hernandez-Bravo QMB 01/26/08 (305) 801-4151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #