

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44771

FILED
Apr 20, 2009
Secretary of State

Entity Name: ALCAZAR VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2150 W 68 ST
205
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 160310
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 65-0338143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABRERA, AGUSTIN CAM
2150 WEST 68 ST
SUITE #205
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, SUSANA
Address: 2286 WEST 74 ST #101.
City-St-Zip: HIALEAH, FL 33016

Title: TD () Delete
Name: RODRIGUEZ, LUIS
Address: 2294 WEST 74 ST #101
City-St-Zip: HIALEAH, FL 33016

Title: SD () Delete
Name: CARRAZANA, MARIA M
Address: 2294 WEST 74TH ST.#201
City-St-Zip: HIALEAH, FL 33016

Title: VP () Delete
Name: POVEDA, REINALDO A
Address: 2290 WEST 74 ST #102
City-St-Zip: HIALEAH, FL 33016

Title: VD () Delete
Name: CARLOS, GOMEZ
Address: 2278 WEST 74 ST
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SUSANA GONZALEZ

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date