
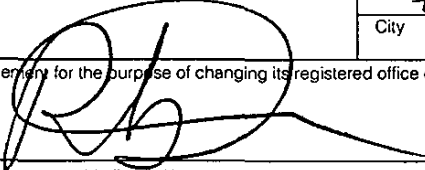
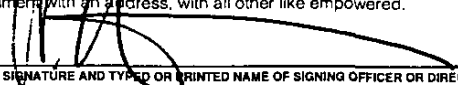


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90432 038 ****61.25

DOCUMENT # N45312			
1. Entity Name MOUNTCLAIR VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 451 NE 136TH ST. #315 MIAMI, FL 33161		Mailing Address 6501 NW 36TH STREET STE 385 MIAMI, FL 33166	
2. Principal Place of Business 7953 NW 53 ST Suite, Apt. #, etc.		3. Mailing Address 7953 NW 53 ST Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33166		Country US	
4. FEI Number 65-0266184		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 BETANCOURT, MARITZA ESQ 19 WEST FLAGLER STREET STE 301 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Robert A. Duggen Sr. Street Address (P.O. Box Number is Not Acceptable) 7953 NW 53 ST City Miami FL Zip Code 33166	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		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 PD	RODRIGUEZ, JAIRO <input checked="" type="checkbox"/> Delete	TITLE PD	Nilka N. Holder <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	451 NE 136TH ST., #315	STREET ADDRESS	451 NE 136th St.
CITY-ST-ZIP	N MIAMI, FL 33161	CITY-ST-ZIP	N. Miami, FL 33161
TITLE VPT	MOEINIAN, RAY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1187 SW 149 LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326	CITY-ST-ZIP	
TITLE SD	HOLDER, NILKA <input type="checkbox"/> Delete	TITLE	Joyce Vidal <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	451 NE 136TH ST., #420	STREET ADDRESS	451 NE 136th St.
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	N. Miami, FL 33161
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	
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	
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 exemption stated in Section 119.07(3)(i), 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: 		Date 4/20/05 Daytime Phone # 305 597-0920	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			