2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State
05-18-2005 90030 034 ****61.25

DOCUMENT # N93000003340

1. Entity Name
GRACE VILLAS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
TIMBERLAKE MANAGEMENT 6501 N W 36TH STREET SUITE 385 MIAMI, FL 33166 US	6501 NW 36 STREET SUITE 385 MIAMI, FL 33166 US

04112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
7953 NW 53 ST	7953 NW 53 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country: US	Zip: 33166 Country: US

4. FEI Number 65-0568537 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICE OF MARITZA BETANCOURT, P.A.
19 WEST FLAGLER STREET
SUITE 301
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name: Robert A. Dugger 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 _____ 4/15/05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ VP ~~GOMEZ, MAURICIO~~ Rena, Cornelio 8172 NW 10 STREET #4 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ P PAZ, CHRISTIAN 8166 NW 10 STREET #5 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PEREZ, ADELA 8166 NW 10 ST #3 MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____ -Christian Paz 4.27.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #