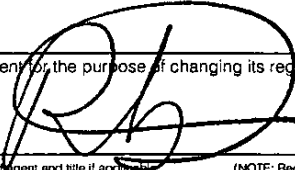
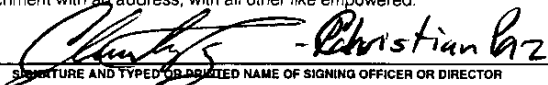


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 TIMBERLAKE MANAGEMENT 6501 N W 36TH STREET SUITE 385 MIAMI, FL 33166 US		Mailing Address 6501 NW 36 STREET SUITE 385 MIAMI, FL 33166 US	
2. Principal Place of Business 7953 NW 53 ST		3. Mailing Address 7953 NW 53 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33166		Zip 33166	
Country US		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: 		DATE: 4/15/05	
(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: POVP NAME: GOMEZ MURICIO Rina, Cornelio STREET ADDRESS: 8172 NW 10 STREET #4 CITY-ST-ZIP: MIAMI, FL 33126	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: POVP NAME: PAZ, CHRISTIAN STREET ADDRESS: 8166 NW 10 STREET #5 CITY-ST-ZIP: MIAMI, FL 33126	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: T NAME: PEREZ, ADELA STREET ADDRESS: 8166 NW 10 ST #3 CITY-ST-ZIP: MIAMI, FL 33126	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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: 4.27.05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	