

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90004 016 ****61.25

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1. Entity Name
HABITAT VILLAS COMMUNITY ASSOCIATION, INC.



Principal Place of Business
~~C&R MANAGEMENT~~
~~7100 SW 99 AVE #209~~
~~MIAMI, FL 33173 US~~

Mailing Address
PO BOX 832557
MIAMI, FL 33283 US



2. Principal Place of Business - No P.O. Box #
7100 SW 99 Ave

3. Mailing Address

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip
33173 Country
USA

Zip

Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0483394

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~Perez, Gonzalo JR~~
~~8125 NW 18 TERRACE~~
~~#303~~
~~DORAL, FL 33177~~

7. Name and Address of New Registered Agent

Name
Gonzalo Perez Jr P.A.
Street Address (P.O. Box Number is Not Acceptable)
915 Coral Way
City
Miami FL Zip Code
33155

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

Signature, typed or printed name of registered agent and client 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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WILSON, SHIRLEY
20174 SW 122 CT EAST
MIAMI, FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LADLER, ADRIAN
12229 SW 203 ST
MIAMI, FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WEATHERS, VALERIE
20247 SW 122 CT E
MIAMI, FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, CHARLES
PO BOX 832557
MIAMI, FL 33283 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Wilson, Shirley
7100 SW 99 Ave #102
Miami, FL 33173 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Ladler, Adrian
7100 SW 99 Ave #102
Miami, FL 33173 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Weathers, Valerie
7100 SW 99 Ave #102
Miami, FL 33173 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Smith, Charles
7100 SW 99 Ave #102
Miami, FL 33173 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 598-4065