

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001416

FILED
Apr 17, 2009
Secretary of State

Entity Name: HABITAT VILLAS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

7100 SW 99 AVE
STE 102
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 832557
MIAMI, FL 33283 US

New Mailing Address:

FEI Number: 65-0483394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, JR P.A., GONZALO
7915 CORAL WAY
MIAMI, FL 33155 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: P () Delete
Name: WILSON, SHIRLEY
Address: 7100 SW 99 AVE #102
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: LADLER, ADRIAN
Address: 7100 SW 99 AVE #102
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: WEATHERS, VALERIE
Address: 7100 SW 99 AVE #102
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: SMITH, CHARLES
Address: 7100 SW 99 AVE #102
City-St-Zip: MIAMI, FL 33173

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HERNANDEZ, MARIA E
Address: 7100 SW 99 AVE #102
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change () Addition
Name: LADLER, ADRIAN
Address: 7100 SW 99 AVE #102
City-St-Zip: MIAMI, FL 33173

Title: T (X) Change () Addition
Name: WEATHERS, VALERIE
Address: 7100 SW 99 AVE #102
City-St-Zip: MIAMI, FL 33173

Title: P (X) Change () Addition
Name: SMITH, CHARLES
Address: 7100 SW 99 AVE #102
City-St-Zip: MIAMI, FL 33173

Title: D () Change (X) Addition
Name: NEWTON, RAMON
Address: 7100 SW 99 AVE., SUITE 102
City-St-Zip: MIAMI, FL 33173

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: CHARLES SMITH

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date