

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


7/22/04

FILED
Aug 09, 2004 8:00 am
Secretary of State

07-22-2004 90006 009 ***61.25

DOCUMENT # N94000001573

1. Entity Name VILLAS OF WEST MIAMI CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

Mailing Address
 C/O ASSOCIATION MGMT GROUP INC.
 PO BOX 630280
 MIAMI, FL 33163-0280 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country


3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

004J1548



03092004 Chg-NP CR2E037 (10/03)

4. FEI Number 05-0480244

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name JAVIER GUADAYOL, ESQ

Street Address (P.O. Box Number is Not Acceptable)
LAW OFFICES DE JAVIER GUADAYOLA
13550 SW 88 STREET - Ste - 290
MIAMI FL 33186

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] DATE 8/3/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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	<u>P/D EUNICE MOALES</u> <u>6620 SW 12 STREET - #6</u> <u>WEST MIAMI, FL 33144</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D/T MINERVA H RCHA VA DIA</u> <u>6670 SW 12 STREET - #2</u> <u>WEST MIAMI, FL 33144</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D/S ROSA GONZALEZ</u> <u>6670 SW 12 STREET - #2</u> <u>WEST MIAMI, FL 33144</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE: 7/14/04 (305) 792-0055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR