

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001573

FILED
Apr 02, 2007
Secretary of State

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

Current Principal Place of Business:

9415 SUNSET DRIVE
MIAMI, FL 33173

New Principal Place of Business:

9415 SUNSET DRIVE
SUITE 149
MIAMI, FL 33173

Current Mailing Address:

9415 SUNSET DRIVE
149
MIAMI, FL 33173

New Mailing Address:

9415 SUNSET DRIVE
SUITE 149
MIAMI, FL 33173

FEI Number: 65-0480244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELONI, ESQ., EDO
LAW OFFICES OF FEIN & MELONI
900 SW 40 AVE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

MELONI, EDOARDO
900 S.W. 40 AVENUE
PLANTATION, FL 33317 US

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: EDOARDO MELONI

04/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAMBROT, ISABEL
Address: 9415 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

Title: DT () Delete
Name: SOMARRIBA, ANA C
Address: 9415 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

Title: DS () Delete
Name: ABRAHAM, JULIA
Address: 9415 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

Title: DVP (X) Delete
Name: CID, IVAN
Address: 9415 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAMBROT, ISABEL
Address: 9415 SUNSET DRIVE SUITE 149
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change () Addition
Name: CID, IVAN
Address: 9415 SUNSET DRIVE SUITE 149
City-St-Zip: MIAMI, FL 33173

Title: S (X) Change () Addition
Name: ABRAHAM, JULIA
Address: 9415 SUNSET DRIVE SUITE 149
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ISABEL CHAMBROT

PD

04/02/2007

Electronic Signature of Signing Officer or Director

Date