

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001573

FILED  
May 05, 2008  
Secretary of State

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

**Current Principal Place of Business:**

9415 SUNSET DRIVE  
SUITE 149  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9415 SUNSET DRIVE  
SUITE 149  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-0480244      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MELONI, EDOARDO  
900 S.W. 40 AVENUE  
PLANTATION, FL 33317      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: PD      ( ) Delete  
Name: CHAMBROT, ISABEL  
Address: 9415 SUNSET DRIVE SUITE 149  
City-St-Zip: MIAMI, FL 33173

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S      (X) Change ( ) Addition  
Name: SOTO, CAMILO  
Address: 9415 SUNSET DRIVE SUITE 149  
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: ISABEL CHAMBROT

PD

05/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date