2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000000968

1. Entity Name
VILLAS DE MAJORCA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
231 MAJORCA AVE., UNIT C CORAL GABLES, FL 33134	231 MAJORCA AVE., UNIT C CORAL GABLES, FL 33134

06092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0742371

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SARMIENTO, CLAUDIA
231 MAJORCA AVE., UNIT C
CORAL GABLES, FL 33134

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

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LATOUR, RAFAEL
STREET ADDRESS	231 MAJORCA AVE STE D
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	CABRERA, GISELLE
STREET ADDRESS	231 MAJORCA AVE UNIT B
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	JHONES, ANA MARIA
STREET ADDRESS	231 MAJORCA AVE UNIT E
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	S
NAME	SARMIENTO, CLAUDIA
STREET ADDRESS	231 MAJORCA AVE UNIT C
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/17/04-80001-006 61.25

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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 all other like empowered.

SIGNATURE: _____ 6/4/04 (305) 461 0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #