

**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 231 MAJORCA AVE., UNIT C CORAL GABLES, FL 33134	Mailing Address 231 MAJORCA AVE., UNIT C CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



06092004 No Chg-NP CR2E037 (10/03)

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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

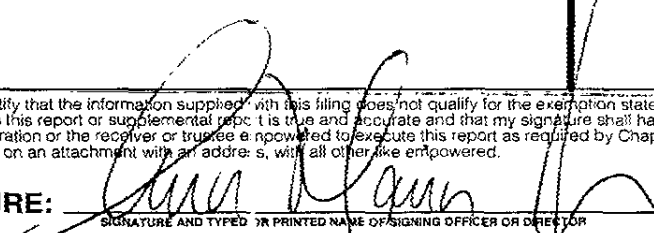
Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LATOUR, RAFAEL 231 MAJORCA AVE STE D CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CABRERA, GISELLE 231 MAJORCA AVE UNIT B CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JHONES, ANA MARIA 231 MAJORCA AVE UNIT E CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SARMIENTO, CLAUDIA 231 MAJORCA AVE UNIT C 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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 	6/4/04 (305) 461 0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #