2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N95000000968

Entity Name: VILLAS DE MAJORCA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

300 SEVILLA AVENUE
SUITE 210
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

13035 MIRANDA STREET
CORAL GABLES, FL 33156 US

New Mailing Address:

FEI Number: 65-0742371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JHONES, ANA MARIA
300 SEVILLA AVENUE
SUITE 210
CORAL GABLES, FL 33134 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: P ( ) Delete
Name: LATOUR, RAFAEL
Address: 231 MAJORCA AVE STE D
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: CABRERA, GISELLE Y
Address: 231 MAJORCA AVE UNIT B
City-St-Zip: CORAL GABLES, FL 33134

Title: T ( ) Delete
Name: JHONES, ANA MARIA
Address: 300 SEVILLA AVENUE, SUITE 210
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S ( ) Delete
Name: MARTINEZ-HICKS, MICHELLE
Address: 231 MAJORCA AVE UNIT G
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ANA MARIA JHONES TREA 02/12/2009

Electronic Signature of Signing Officer or Director — Date