2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000753

FILED Jan 22, 2009 Secretary of State

Entity Name: VILLA ROYAL OF MIAMI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:			
6855 ABBO MIAMI BCH	OTT AVE H, FL 33141	US				
Current Mailing Address:			New Maili	New Mailing Address:		
P O BOX 4 MIAMI BEA	1505 ACH, FL 33141	US				
FEI Number:	65-0645736	FEI Number Applied For () FEI N	lumber Not App	Olicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:		
6855 ABBC MIAMI BEA	IGUEL ANTON OTT AVE 701 ACH, FL 33141	US				
	named entity s e of Florida.	ubmits this statement for the purpose	of changing	its registered office or registered agent, or both,		
SIGNATUF						
	Electroni	c Signature of Registered Agent		Date		
OFFICERS	S AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () RESTREPO, MA 6855 ABBOTT A MIAMI BEACH, F	VE 203	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	P () AVILES, MIGUEI 6855 ABBOTT A MIAMI BEACH, F	VE 701	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () VILLANUEVA, AC 6855 ABBOTT A MIAMI BCH, FL	VE #702	Title: Name: Address: City-St-Zip:	T (X) Change () Addition LANTIGUA, LEONARDO 6855 ABBOTT AVE #602 MIAMI BCH, FL 33141 US		
Title: Name: Address: City-St-Zip:	S () CAMACHO, DES 6855 ABBOTT A MIAMI BCH, FL	VE # 803	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () SANCHEZ, RUAI 6855 ABBOTT A' MIAMI BCH, FL	VE #401	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SANCHEZ, RAUL 6855 ABBOTT AVE #401 MIAMI BCH, FL 33141 US		
Title: Name: Address: City-St-Zip:	D () LOPEZ, ELIZAB 6855 ABBOTT A' MIAMI BEACH, F	VE 804	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MARQUEZ, HILDA 6855 ABBOTT AVE #601 MIAMI BEACH, FL 33141		

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: DESSY CAMACHO S 01/22/2009