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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000003558**

1. *Corporation Name*
VILLA REAL CONDOMINIUM NO. 2 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11030 NORTH KENDALL SUITE 100 MIAMI FL 33176	C/O JR GONZALEZ & ASSOCIATES 2160 SW 137 PLACE MIAMI FL 33175

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/05/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0693812 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GONZALEZ, JESUS R
2160 SW 137 PLACE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. *I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.*

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRADO, GUILLERMO J		1.2 NAME		
STREET ADDRESS	1168 NW 124TH PLACE, #107		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33182		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARICELIS, MONTIEL		2.2 NAME		
STREET ADDRESS	1176 NW 124 PLACE, #108		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33182		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DELCASTILLO, ANA LOPEZ		3.2 NAME		
STREET ADDRESS	1184 NW 124 PLACE, #104		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33182		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	GARCIA, LUIS R		4.2 NAME		
STREET ADDRESS	1151 NW 124 PLACE, #104		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33182		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Luis Montano	
STREET ADDRESS			5.3 STREET ADDRESS	1132 NW 124 Place	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL. 33182	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	ADALGISA GONZALEZ	
STREET ADDRESS			6.3 STREET ADDRESS	1124 NW 124 PLACE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI, FL 33182	

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/1/99 (305)820-1900 x428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #