2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90011 027 ****61.25

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1. Entity Name
VILLA REAL CONDOMINIUM NO. 2 ASSOCIATION, INC.

400167 90

Principal Place of Business	Mailing Address
1151 NW 124 PLACE #104 MIAMI, FL 33182 US	C.R. MANAGEMENT & INV. INC. 435 SW 123 AVE MIAMI, FL 33184 US

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01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0693812
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C R MANAGEMENT & INVESTMENT, INC.
435 SW 123 AVE
MIAMI, FL 33184

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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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUERRA, ANA I
STREET ADDRESS	1175 NW 124 PL
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	P
NAME	GARCIA, LUIS R
STREET ADDRESS	1151 NW 124 PLACE, #104
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	D
NAME	POPOVSKI, DIMITAR
STREET ADDRESS	1143 NW 124 PLACE
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ LUIS R GARCIA 2/06/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #