2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004356

1. Entity Name
LAS VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1852 S.W. 7TH STREET #307 MIAMI, FL 33135	1852 S.W. 7TH STREET #307 MIAMI, FL 33135

02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0809654
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, DIONES
1852 S.W. 7TH STREET
#307
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOPEZ, DIONES
STREET ADDRESS	1852 SW 7 ST., #112
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	VD
NAME	MARTINEZ, HUMBERTO
STREET ADDRESS	1852 SW 7 ST. #311
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	VD
NAME	CARLOS, MARTINEZ
STREET ADDRESS	1852 SW 7 ST., #214
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	SD
NAME	ACOSTA, JULIA
STREET ADDRESS	1852 SW 7 ST, #206
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000251567
03/04/05-80057-002 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)(i), 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: _____ 03/01/05 305-630-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #