

**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.	
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Principal Place of Business 1852 S.W. 7TH STREET #307 MIAMI, FL 33135	Mailing Address 1852 S.W. 7TH STREET #307 MIAMI, FL 33135
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02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0809654	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when relistating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

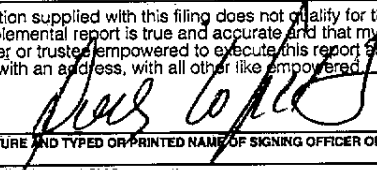
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

03/01/05 305-630-3660
Date Daytime Phone #