2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2006
Secretary of State

DOCUMENT# N96000004553

Entity Name: CORAL GABLES VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15-21 MADEIRA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

14275 SW 142 AVE
MIAMI, FL 33186

New Mailing Address:

7154-B SOUTH WEST 47TH STREET
MIAMI, FL 33155

FEI Number: 65-0712511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIAY, CARLOS
3750 NW 87 AVE
SUITE 100
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BAGUE, IRELA
Address: 15 MADEIRA AVE #6
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete
Name: CHACON, RAUL
Address: 15 MADEIRA AVE #9
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete
Name: GAETAN, AMELIA
Address: 3500 E GLENCOE ST
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: IGLESIAS, DANIA
Address: 21 MADEIRA AVE # 16
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change ( ) Addition
Name: GAETAN, OSCAR
Address: 15 MADEIRA AVE # 7
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Change ( ) Addition
Name: RODRIGUEZ, FAUSTO
Address: 21 MADEIRA AVE # 17
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIA IGLESIAS PD 01/03/2006

Electronic Signature of Signing Officer or Director — Date