

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 26, 2009
Secretary of State

DOCUMENT# N96000006483

Entity Name: VILLA REAL CONDOMINIUM NO. 4 ASSOCIATION, INC.**Current Principal Place of Business:**C/O EB MANAGEMENT GROUP, INC
13390 SW 128TH STREET
MIAMI, FL 33186 US**New Principal Place of Business:****Current Mailing Address:**C/O EB MANAGEMENT GROUP, INC
13390 SW 128TH STREET
MIAMI, FL 33186 US**New Mailing Address:****FEI Number:** 65-0723743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GIL, LILLIE
13390 SW 128TH STREET
MIAMI, FL 33186 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: VASQUEZ, BEATRIZ
Address: 13390 SW 128TH STREET
City-St-Zip: MIAMI, FL 33186**Title:** SD () Delete
Name: GOMEZ, COSETTE
Address: 13390 SW 128TH STREET
City-St-Zip: MIAMI, FL 33186**Title:** TD () Delete
Name: AMPIE, ELISEO
Address: 13390 SW 128TH STREET
City-St-Zip: MIAMI, FL 33186 US**Title:** D () Delete
Name: DE JESUS CARTAS, TERESITA
Address: 13390 SW 128TH STREET
City-St-Zip: MIAMI, FL 33186 US**Title:** D () Delete
Name: SANCHEZ, JOSE
Address: 13390 SW 128TH STREET
City-St-Zip: MIAMI, FL 33186 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: ZAMBRANO, EDGARD
Address: 13390 SW 128TH STREET
City-St-Zip: MIAMI, FL 33186**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: COSETTE GOMEZ

SD

08/26/2009

Electronic Signature of Signing Officer or Director

Date