

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000940

FILED
Apr 29, 2008
Secretary of State

Entity Name: VILLA BAY VISTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2016 BAY DRIVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

POBOX 841437
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 65-0771056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LJ SERVICES GROUP
1045 KANE CONCOURSE #216
BAY HARBOR, FL 33154 US

Name and Address of New Registered Agent:

LJ SERVICES GROUP
1045 KANE CONCOURSE #212
BAY HARBOR, FL 33154 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, ROSEMARY
Address: 2016 BAY DR, # OFFICE
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD () Delete
Name: RUIZ, CHRISTIAN
Address: 2016 BAY DR, #OFFICE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: IRAZOQUI, IGNACIO
Address: 2016 BAY DR, # OFFICE
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: SHEMTOV, JOSHUA
Address: 2016 BAY DR, # OFFICE
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD () Delete
Name: MORSE, STEPHANIE
Address: 2016 BAY DRIVE #OFFICE
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA JOHNSON

MGR

04/29/2008

Electronic Signature of Signing Officer or Director

Date