

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

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1. Corporation Name

VILLA REAL CONDOMINIUM NO. 6 ASSOCIATION INC.

Principal Place of Business

11030 NORTH KENDALL DRIVE  
SUITE 100  
MIAMI FL 33176

Mailing Address

JESUS R GONZALEZ  
2160 SW 137 PL  
MIAMI FL 33175  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0777946	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

PARRONDO, MAYRA  
11030 NORTH KENDALL DRIVE  
SUITE 100  
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name Jesus R. Gonzalez  
82 Street Address (P.O. Box Number is Not Acceptable) 2160 SW 137 PL  
83  
84 City Miami FL 85 Zip Code 33175

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	PARRONDO, MAYRA	1.2 NAME	RONNIE A. RIPLEY
STREET ADDRESS	11030 NORTH KENDALL DRIVE SUITE 100	1.3 STREET ADDRESS	1145 NW 125TH PATH. UNIT 202
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	MIAMI, FL. 33182
TITLE	SD	2.1 TITLE	S
NAME	AVILA, RIGOBERTO	2.2 NAME	JAIME N. MACHADO
STREET ADDRESS	11030 NORTH KENDALL DRIVE SUITE 100	2.3 STREET ADDRESS	1151 NW 125 PATH. UNIT 201
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	MIAMI, FL. 33182
TITLE	TD	3.1 TITLE	T
NAME	GONZALEZ, EVELYN	3.2 NAME	DRIOBAN MENDEZ
STREET ADDRESS	11030 NORTH KENDALL DRIVE SUITE 100	3.3 STREET ADDRESS	1164 NW 125 PATH. UNIT 208
CITY-ST-ZIP	MIAMI FL 33176	3.4 CITY-ST-ZIP	MIAMI, FL. 33182
TITLE		4.1 TITLE	D
NAME		4.2 NAME	JOSE BERNARDE
STREET ADDRESS		4.3 STREET ADDRESS	1129 NW 125 PATH. UNIT 104
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL. 33182
TITLE		5.1 TITLE	P
NAME		5.2 NAME	VILMA C. VELA
STREET ADDRESS		5.3 STREET ADDRESS	1135 NW 125 PATH. UNIT 103
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL. 33182
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE HARRIS REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)