FILE NOW: FILING FEE IS \$61.25

2a. Mailing Address

Suite, Apt. #, etc.

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700004425

Corporation Name

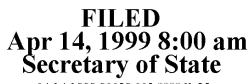
2. Principal Place of Business

Suite, Apt, #, etc.

21

VILLA REAL CONDOMINIUM NO. 6 ASSOCIATION INC.

Principal Place of Business	Mailing Address			
11030 NORTH KENDALL DRIVE SUITE 100	JESUS R GONZALEZ 2160 SW 137 PL			
MIAMI FL 33176	MIAMI FL 33175			
	US			



04-14-1999 90029 003 ****61.25



Applied For

3. Date Incorporated or Qualifed

08/05/1997

4. FEI Number

<u> </u>		27			65-0777946		Not	Applicable	
City & State City & State			,			\$8.75 Ad	ditional		
3	28				5. Certifcate of Status Desir	ed 🔲	Fee Required		
Zip	Country	Zip	Cou	intry	6. Election Campaign Finan	rcing	\$5.00 M	Any Re	
	25	├ - - '	30		Trust Fund Contribution	.ca 🗆	Added to		
(4)		<u> </u>	30	T	10. Name and Address of I	lew Registered			
81 Name 1									
;				Jesus R. Conzulez					
PARRONDO, MAYRA				82 Street Address (P.O. Box Number is Not Acceptable)					
11030 NORTH KENDALL DRIVE				2160 SW 137 Place					
SUITE 100				83	•				
MIAMI FL	33176		84 City			85 Zip Co	ode		
				34 3,	Miumi	FI		75	
11. Demonstration of Sections 617 0502 and 617 1509. Florida Statutes, the above-named cornoration 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.									
agent. I ai	n familiar with, and accept the obligation	115 OI, SECTION 617.0503, PION	iua Siai	iulos.		3/	2196	Į	
SIGNATURE	Signature typed or printed name of registered against a	od side if applicable (NOTE:	Penisterer	d Ament signature n	equired when reinstating)	DATE	-/	— «	
12.	OFFICERS AND		13.	a regent eightere in	ADDITIONS/CHANGES T	O OFFICERS A	ND DIRECTOR	₹S IN 12	
		DELETE	. 1.1.T	ME	7		Change	RS IN 12	
	PD		12 N		RONNIE A. RIPL	-E-y			
NAME	PARRONDO, MAYRA	LUTT 400			1145 NW 125T	W PATH	し. ひぃ 。ㅜ 2	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
STREET ADDRESS 11030 NORTH KENDALL DRIVE SUITE 100				£ 22. Q)					
CITY-ST-ZIP	MIAMI FL 33176		_	ITY-ST-ZIP	MIAMI, 1 C. 32		- Change	Of C	
TITLE .	SD	DELETE	2.1 Ti		3		Change		
NAME	AVILA, RIGOBERTO		2.2 N	IAME	FAINE N. MACH	A 90	د د ـ د		
STREET ADDRESS	11030 NORTH KENDALL DRIVE S	30 NORTH KENDALL DRIVE SUITE 100			23 STREET ADDRESS 1151 NW 125 PATH, UNIT 201				
CITY-ST-ZIP	MIAMI FL 33176	,	2.40	CITY-ST-ZIP	Miami, Fu. 3	3182			
TITLE	TD	∑ XQELETE	3.1 T	TTLE	7		Change	Addition	
NAME	GONZALEZ, EVELYN	,	3.2 N	AME	DRIOBAN MENDE	šZ.			
STREET ADDRESS	THE PARTY WELD IN DONE OF THE AGO			32 NAME DRIOBAN MENDEZ 33 STREET ADDRESS 1164 NW 125 PLACE UNIT 208					
	MIAMI FL 33176	OII		CITY-ST-ZIP	MIAMI, FL. 33	182			
CITY-ST-ZIP	MIRWII FE 35170	DELETE	4.1 T		D		Change	Addition	
TITLE		- Deceie		NAME	T = - 18-70 174	5			
NAME					11.39 NW 125	PATEL.	UN. T 10	,4	
STREET ADDRESS				TREET ADDRESS					
CITY-ST-ZIP			_	CITY-ST-ZIP	MIAMI, FL.	331BY	Change	[FAddition	
muë [•	☐ DELETÉ	5.1 T		P 0 V=1.	Δ.			
NAME			5.2 N		1135 NW 172	PATH.	ひか こでし	03	
STREET ADDRESS			5.3 S	TREET ADDRESS	1135 0 0 125	3 6	•	-	
CITY-ST-ZIP	•		5.4 C	CITY-ST-ZIP	Minni, Fc. 3	3182			
inue	<u> </u>	DELETE	:61:I	ili E			. Change	Addition	
NAME ::			6.2 N	IAME					
STREET ADDRESS		•	6.3 \$	TREET ADDRESS			•		
	00	•		OTY-ST-ZIP				ļ·	
CITY-ST-ZIP	pertify that the information supplied with	this filing does not qualify for			in Section 119.07(3)(i). Florida Stat	utes. I further o	ertify that the in	formation	
· · · i liereby c	orary mar me intormetton supplied with	and many ubes not quality for		d that mu aire	sturn shall have the came local offer	t se if mede un	der oath: that I	am an	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report of suppliering that it am an officer or director of the corporation or the acceiver 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 or an attackment with an address, with all other like empowered.

SIGNATURE

IGNATURE AND EXPENDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te

Daytime Phone #