

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90371 009 ****61.25

DOCUMENT # N97000004425

1. Entity Name
VILLA REAL CONDOMINIUM NO. 6 ASSOCIATION INC.



Principal Place of Business Mailing Address
19501 NE 10th Avenue, Suite 300
North Miami Beach, FL 33179 *R Same*

19004034



2. Principal Place of Business 3. Mailing Address
19501 NE 10th Avenue **19501 NE 10th Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 300 **Suite 300**
City & State City & State
North Miami Beach FL **North Miami Beach FL**
Zip Country Zip Country
33179 **USA** **33179** **USA**

03222004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0777946 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MJB Management Services, Inc.
19501 NE 10th Avenue, Suite 300
North Miami Beach, FL 33179

7. Name and Address of New Registered Agent

MJB Management Services, Inc.
19501 NE 10th Avenue, Suite 300
North Miami Beach, FL 33179

Zip Code
33179

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Walter Brown

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

(NOTE: Registered Agent signature required when reinstating)

04-14-04

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **CRUZ, ISRAIL M**
STREET ADDRESS **1152 125TH PL. #107**
CITY-ST-ZIP **MIAMI, FL 33182**

TITLE **SD** ☐ Delete
NAME **TORRES, RAMIRO A**
STREET ADDRESS **1172 NW 125TH PL. #209**
CITY-ST-ZIP **MIAMI, FL 33182**

TITLE **PD** ☐ Delete
NAME **VELA, VILMA E**
STREET ADDRESS **1135 NW 125 PATH**
CITY-ST-ZIP **MIAMI, FL 33182**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **PD Grimaldi, VILMA E**
STREET ADDRESS **1135 NW 125 PATH**
CITY-ST-ZIP **MIAMI, FL 33182**

TITLE ☐ Change ☒ Addition
NAME **TD Ripley Bonnie**
STREET ADDRESS **1145 NW 125 PATH**
CITY-ST-ZIP **MIAMI, FL 33182**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Libra E. Gennep

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

Date

305-392-5108

Daytime Phone #