

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90020 024 ****61.25

DOCUMENT # N97000004425 1. Entity Name VILLA REAL CONDOMINIUM NO. 6 ASSOCIATION INC.					
Principal Place of Business LTC ROYAL MANAGEMENT 12301 NW 7TH LN MIAMI, FL 33182			Mailing Address LTC ROYAL MANAGEMENT 12301 NW 7TH LN MIAMI, FL 33182 US		
2. Principal Place of Business - No P.O. Box # LTC Royal Management Suite, Apt. #, etc. 12301 NW 7TH LN. City & State Miami, Florida. Zip 33182		3. Mailing Address LTC Royal Management Suite, Apt. #, etc. 12301 NW 7TH LN. City & State Miami, Florida. Zip 33182		02282008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0777946	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent LOPEZ, JOSE L 12301 NW 7TH LN MIAMI, FL 33182			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Jose Luis Lopez</i></u> DATE <u><i>2/28/08</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRUZ, ISRAEL 1152 NW 125 PLACE MIAMI, FL 33182	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Juan Carlos Rodriguez 1131 NW 125 Path. Miami, FL 33182.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRUZ, ISRAEL 1152 NW 125 PL MIAMI, FL 33182	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hilda Vazquez 1120 NW 125 PL Miami, FL 33182.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLEGOS, CARMEN 1128 NW 125 PLACE MIAMI, FL 33182	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carmen Gallegos 1128 NW 125 PL Miami, FL 33182.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTILLO, GONZALO 1147 NW 125 PATH MIAMI, FL 33182	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLEGOS, CARMEN 1128 NW 125 PATH MIAMI, FL 33182	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARIAS, ISABEL 1132 NW 125 PATH MIAMI, FL 33182	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>M. Carmen Gallegos Leizaola</i></u> - PRESIDENT - VR # 6			02-28-08 305/485-3410		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		