


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90094 040 ****70.00

DOCUMENT # N97000006085 1. Entity Name VILLA LUISA CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 6175 W. 20TH AVENUE, #114 HIALEAH FL 33012	Mailing Address 7600 W 20 AVE 217 HIALEAH FL 33016
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country	4. FEI Number 65-0819867	Applied For Not Applicable
----------------------------------	----------------------------------	------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent TERRA ASSOCIATION MANAGEMENT SERVICE 7600 WEST 20TH AVENUE SUITE #217 HIALEAH FL 33016

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P SALDANA, GEORGE 7600 W 20 AVE #217 HIALEAH FL 33016
TITLE	TD AYLLON, MARIA 7600 W 70 AVE #217 HIALEAH FL 33016
TITLE	SD MURTOZ, MANUEL 7600 W 20 AVE #217 HIALEAH FL 33016
TITLE	DD QUINTANA, MARGARITA 7600 W 20 AVE #217 HIALEAH FL 33016
TITLE	_____ _____ _____
TITLE	_____ _____ _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	_____ _____ _____
TITLE	_____ _____ _____
TITLE	_____ _____ _____
TITLE	_____ _____ _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ (Printing) Phone # _____