


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90212 035 ****61.25

DOCUMENT # N97000007033	
1. Entity Name VILLAGES OF MULGOBA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2200 N.W. 102 AVE., #5 DORAL, FL 33172	Mailing Address 2200 N.W. 102 AVE., #5 DORAL, FL 33172
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2. Principal Place of Business - No P.O. Box # 5979 NW 151 ST	3. Mailing Address P.O. Box 160718
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc.
City & State MIAMI LAKES, FL	City & State HALEAH, FL
Zip 33014	Country U.S.A.

03182008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0802123

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

6. Name and Address of Current Registered Agent S.P.M. GROUP, INC. 2200 N.W. 102 AVE., #5 DORAL, FL 33172	
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7. Name and Address of New Registered Agent Name Florida's Property Mgmt. Street Address (P.O. Box Number is Not Acceptable) 5979 NW 151 ST. Suite 101 City MIAMI LAKES, FL Zip Code 33014	
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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 *Jose Colon* : *Jose Colon* *5/29/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRICENO, GUILLERMO 6977 W 7 AVE HALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOMODEVILLA, RAUL 6969 W 7 AVE HALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONGE, IVANNIA 6991 W 7 AVE HALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALDER, NORMA 6995 W 7 AVE HALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer who empowered.

SIGNATURE: *[Signature]* *5/29/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #