

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001484

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** GARDEN VILLAS CONDOMINIUM I, ASSOCIATION, INC.

**Current Principal Place of Business:**

10923 W. OKEECKOBEE ROAD  
UNIT 201  
HIALEAH GARDENS, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

10923 W. OKEECKOBEE ROAD  
UNIT 201  
HIALEAH GARDENS, FL 33018

**New Mailing Address:**

**FEI Number:** 65-0907625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTELLANOS, REINALDO ESQ  
11234 SW 64 LANE  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

CASTELLANOS, REINALDO ESQ  
9960 BIRD ROAD  
MIAMI, FL 33165 US

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.

SIGNATURE: REINALDO CASTELLANOS

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MEJIA, AMY  
Address: P.O. BOX 126792  
City-St-Zip: HIALEAH, FL

Title: VD ( ) Delete  
Name: MONTES DE OCA, HILDA  
Address: P.O. BOX 126792  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: SD ( ) Delete  
Name: FIGUEROA, MIRNA  
Address: P.O. BOX 126792  
City-St-Zip: HIALEAH GARDENS, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY MEJIA

PTD

04/28/2009

Electronic Signature of Signing Officer or Director

Date