



2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90163 013 ****61.25

DOCUMENT # N98000002429 1. Entity Name SEGOVIA STREET VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14275 SW 142 AVENUE MIAMI, FL 33186 US		Mailing Address 14275 SW 142 AVENUE MIAMI, FL 33186 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>96 Alhambra Property Mgmt</i> P.O. Box 431410		20055288 	
City & State 8. Mari. FL		City & State 8. Mari. FL		4. FEI Number 65-0851488	
Zip 33143-1410		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIAY, CARLOS PA 10570 NW 27 ST #103 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"> P ERBAN, TOMAS 604 MALAGA AVE #C CORAL GABLES, FL 33134 </div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"> T NESSLER, MARK 3110 SEGOVIA UNIT #3 CORAL GABLES, FL 33134 </div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"> S KOLDENHOVEN, SHEILA 3110 SEGOVIA ST #2 CORAL GABLES, FL 33134 </div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex;"> <div style="flex: 1;"></div> <div style="flex: 0.5; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		

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: *Tomas Erban*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 (305) 664-5066
Date Daytime Phone #