



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90100 023 ****70.00

DOCUMENT # N98000002429 1. Entity Name SEGOVIA STREET VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3110 SEGOVIA AVENUE CORAL GABLES, FL 33134 US			Mailing Address C/O ALHAMBRA PROPERTY MGMT 95 MERRICK WAY, SUITE 500 CORAL GABLES, FL 33134 US		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address <i>c/o Bankers</i> <i>299 Alhambra Circle</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <i>Suite 404</i>			
City & State 		City & State <i>Coral Gables, FL</i>			
Zip 	Country 	Zip <i>33134</i>	Country <i>USA</i>	4. FEI Number 65-0851488	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <i>Shawn Khosravi c/o Bankers Companies</i> Street Address (P.O. Box Number is Not Acceptable) <i>299 Alhambra Circle Suite 404</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <i>4-27-07</i> <small>DATE</small> </div> </div>					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ERBAN, TOMAS 604 MALAGA AVE #C CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER SOCHET, LISA 3110 SEGOVIA STREET #1 CORAL GABLES, FL 33136	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEYERS, JOYCE 3110 SEGOVIA UNIT #2 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S O'CONNELL, BEATRICE K 602 MALAGA AVENUE #B CORAL GABLES, FL 33134		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	
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 all other like empowered.					
SIGNATURE: <i>[Signature]</i> TOMAS P. ERBAN			<i>4-27-07</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		