

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002429

FILED
Apr 27, 2009
Secretary of State

Entity Name: SEGOVIA STREET VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3110 SEGOVIA AVENUE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

C/O BANKERS
299 ALHAMBRA CIRCLE STE 404
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0851488 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHAWN KHOSRAVI C/O BANKERS COMPANIES
299 ALHAMBRA CIRCLE
SUITE 404
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ERBAN, TOMAS
Address: 604 MALAGA AVE #C
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: SOCHET, LISA
Address: 3110 SEGOVIA STREET #1
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: O'CONNELL, BEATRICE K
Address: 602 MALAGA AVENUE #B
City-St-Zip: CORAL GABLES, FL 33134

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: TOMAS ERBAN

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date