

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001521

**Entity Name:** VILLAS ANDALUCIA, CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC0865049969**

**Current Principal Place of Business:**

5979 NW 151 STREET,  
STE. 101  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

PO BOX 160718  
HIALEAH, FL 33016

**FEI Number: 46-0473589**

**Certificate of Status Desired: No**

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

FM LAW GROUP  
14100 PALMETTO FRONTAGE RD  
SUITE 390  
MIAMI LAKES, FL 33016 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PDTE  
Name DOMINGUEZ, ROXANA  
Address 5979 NW 151 ST, SUITE 101  
City-State-Zip: MIAMI LAKES FL 33014

Title V  
Name HERNANDEZ, DANIEL  
Address 5979 NW 151 ST, SUITE 101  
City-State-Zip: MIAMI LAKES FL 33014

Title TD  
Name MARTINEZ, DAVID  
Address 5979 NW 151 ST, SUITE 101  
City-State-Zip: MIAMI LAKES FL 33014

Title SD  
Name FIERO, JULIO  
Address 5979 NW 151 ST, SUITE 101  
City-State-Zip: MIAMI LAKES FL 33014

Title D  
Name CLAVERO, LOURDES  
Address 5979 NW 151 ST, SUITE 101  
City-State-Zip: MIAMI LAKES FL 33014

*I hereby 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 all other like empowered.*

**SIGNATURE: DOMINGUEZ , ROXANA**

**P**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date