

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90020 014 ****61.25

DOCUMENT # N00000007610

1. Entity Name
GARDEN VILLAS CONDOMINIUM III ASSOCIATION, INC.



Principal Place of Business
2951 W 80 STREET
101
HIALEAH, FL 33018

Mailing Address
PO BOX 160718
HIALEAH, FL 33016

24049037



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-1105878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FLORIDA'S PROPERTY MANAGEMENT
2500 W 78 STREET BAY #4
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME GARCIA, ESTELLA
STREET ADDRESS 2951 W 80 STREET #101
CITY-ST-ZIP HIALEAH, FL 33018

TITLE SD ☒ Delete
NAME PINOS, MARIA
STREET ADDRESS 2951 W 80 STREET #203
CITY-ST-ZIP HIALEAH, FL 33018

TITLE TD ☒ Delete
NAME SANTANA, YURIEN
STREET ADDRESS 2951 W 80 STREET #204
CITY-ST-ZIP HIALEAH, FL 33018

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME SANTANA, YURIEN
STREET ADDRESS P.O. BOX 160718
CITY-ST-ZIP HIALEAH, FL, 33016

TITLE T ☐ Change ☒ Addition
NAME TALAMO, DANIEL
STREET ADDRESS P.O. BOX 160718
CITY-ST-ZIP HIALEAH, FL, 33016

TITLE S ☐ Change ☒ Addition
NAME SEQUINA RAFAEL
STREET ADDRESS P.O. BOX 160718
CITY-ST-ZIP HIALEAH, FL, 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #