

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90020 003 ****61.25

DOCUMENT # N01000005360			
1. Entity Name VILLAS LAS PALMAS III CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 37 WEST 11 ST 103 HIALEAH FL 33010 US		Mailing Address 37 WEST 11 ST 103 HIALEAH FL 33010 US	
2. Principal Place of Business - No P.O. Box # 900 W. 49 Street		3. Mailing Address 900 W. 49 Street	
Suite, Apt. #, etc. 220		Suite, Apt. #, etc. 220	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33012	Country USA	Zip 33012	Country USA
6. Name and Address of Current Registered Agent BABA, JUAN C 25 W 11ST APT 101 HIALEAH FL 33010		7. Name and Address of New Registered Agent Name <u>Clemente J. Delatorre</u> Street Address (P.O. Box Number is Not Acceptable) <u>900 W. 49 Street - Suite 220</u> City <u>Hialeah</u> FL <u>33012</u>	
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BABA, JUAN CARLOS 25 W 11ST APT 101 HIALEAH FL 33010 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Edixia Quintanilla 900 W. 49 St. Suite 220 Hialeah, FL. 33012 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KATIVSKA, FMGA 25 W 11ST APT 102 HIALEAH FL 33010 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Hector Rosales 900 W. 49 St. Suite 220 Hialeah, FL 33012 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PINOS, TANIA 25 W 11ST APT 106 HIALEAH FL 33010 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Juan Vargas 900 W. 49 St. Suite 220 Hialeah, FL. 33012 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #