


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 023 ****61.25

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1. Entry Name
GRAND LAKES PHASE III HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O THE CONTINENTAL GROUP, INC.
 11981 SW 144 COURT #201
 MIAMI, FL 33186**

Mailing Address
**C/O THE CONTINENTAL GROUP, INC.
 11981 SOUTHWEST 144TH COURT STE 201
 MIAMI, FL 33186**

40031154



2. Principal Place of Business - No P.O. Box #
2370 SW 149 Avenue

3. Mailing Address
1430 NW 15 Avenue

Suite, Apt. #, etc.

01212008 Chg-NP CR2E037 (12/06)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-0032412

Applied For
 Not Applicable

Zip
33185

Country
US

Zip
33125

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SKRLD, INC.
 201 ALHAMBRA CIRCLE
 SUITE 1102
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
SKRLD, Inc.

Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 1102

City
Coral Gables

FL Zip Code
33134

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 SKRLD, Inc. By Lisa A. Lerner, *LAL* Secretary DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORIANO, MILLERLANDY 15021 SW 23 LANE MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIZHEKKENATH, MANJU 14964 SW 23RD ST MIAMI, FL 33194 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUFFING, JOHN 14954 SW 23 WAY MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Baby VARKEY 1430 NW 15 Avenue, Miami, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Millerlandy Moriano 1430 NW 15 Avenue, Miami, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Maria Delos Angeles Santana 1430 NW 14 Avenue, Miami, FL 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR