2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007472

FILED May 01, 2009 Secretary of State

Entity Name: VILLAS AT CARMEL CONDOMINIUM NO. 3 ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O ALTON MADISON PROP MGMT 381 N KROME AVE SUITE 205 HOMESTEAD, FL 33030 **Current Mailing Address: New Mailing Address:** C/O ALTON MADISON PROP MGMT 381 N KROME AVE SUITE 205 HOMESTEAD, FL 33030 FEI Number: 20-1427187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEE C SCHMACHTONBERG P.A. 1533 SUNSET DR, SUITE 201 CORAL GABLES, FL 33143 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PRENDERGAST, DIANNE Name: Name: 2955 SE 4 PLACE Address: Address: HOMESTEAD, FL 33033 City-St-Zip: City-St-Zip: Title: VPD () Delete Title: TSD (X) Change () Addition Name: LANZOT, BRIAN Name: LANZOT, NICOLE Address: 3375 NE 15 DRIVE #110 Address: 3375 NE 15 DRIVE #110 City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033 Title: () Delete Title: (X) Change () Addition WASOWICZ, CAROLYN Name: LARGAESPADA, ERNESTO Name: 1490 NE 33 AVENUE #108 1550 NE 33 AVENUE #101 Address: Address: City-St-Zip: HOMESTEAD, FL 33033 City-St-Zip: HOMESTEAD, FL 33033

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: DIANNE PRENDERGAST P 05/01/2009