**FILED**
**May 07, 2003 8:00 am**
**Secretary of State**
05-07-2003 90172 013 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**U0116438**

DOCUMENT # N01000002187

1. Entity Name
**VILLA ENCANTADA CONDOMINIUM NO. 3 ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 15711 SW 137 AVE<br># 103<br>MIAMI, FL 33177 | 11936 SW 8 STREET<br>MIAMI, FL 33184<br>c/o M&E Assoc. of Miami, Inc |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Suite F3 |
| City & State | City & State Miami, FL |
| Zip / Country | Zip 33186 / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1042968** ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GONZALEZ, JESUS R<br>11936 SW 8 STREET<br>MIAMI, FL 33184 | Name SKRLD, INC.<br>Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle<br>Suite 1102<br>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 LERNER, SEC. 3/26/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

**FILE NOW: FEE IS $61.25**

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<br>HERNANDEZ, OSVALDO<br>15711 SW 137 AVE # 103<br>MIAMI, FL 33177 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CARRIULHO, WAYNE<br>15711 SW 137 AVE # 202<br>MIAMI, FL 33177 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MENENDEZ, LESTER J<br>15701 SW 137 AVE # 102<br>MIAMI, FL 33177 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GARCIA, SANDRA<br>15701 SW 137 AVE # 202<br>MIAMI, FL 33177 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VIKES, WALTER J<br>15701 SW 137 AVE # 103<br>MIAMI, FL 33177 | ☐ 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 |

CR2E037 (10/02)

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:** Osvaldo Hernandez 4/28/03 Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #