2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #711321



FILED Mar 22, 2006 8:00 am **Secretary of State**

03-22-2006 90011 031 ****61.25 NORTH BAY WHITE HOUSE ASSOCIATION NO. 3, INC. Principal Place of Business Mailing Address BREGMAN, ANNE % PMS \$ 1 Y' 1 " 1780 79TH ST CSWY #C203 8299 CORAL WAY NO BAY VILLAGE, FL 33141 US MIAMI, FL 33155 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-NP CR2E037 (11/05) City & State City & State FEI Number NOT APPLICABLE Applied For Not Applicable Zip Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PMS CORPORATION Street Address (P.O. Box Number is Not Acceptable) 8299 CORAL WAY MIAMI, FL 33155 City 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLÉ ☐ Change Addition BREGMAN, ANNE NAME NAME STREET ADDRESS 1780 KENNEDY CAUSEWAY #203 STREET ADDRESS CITY-ST-ZIP N. BAY VILLAGE, FL 33141 CITY-ST-71P VD ☐ Defete TITLE ☐ Change ■ Addition GONZALEZ-SORRELL, FE NAME NAME 1780 KENNEDY CAUSEWAY #311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE GINSBERG, SIDNEY NAME NAME 1780 KENNEDY CAUSEWAY, #201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N BAY VILLAGE, FL 33141 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. me Bregno

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #