


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90030 047 \*\*\*\*61.25

**DOCUMENT # 711321**

1. Entity Name  
 NORTH BAY WHITE HOUSE ASSOCIATION NO. 3, INC.




Principal Place of Business  
~~BREGMAN ANNE~~ *Jenny Rondon* <sup>STU</sup>  
 1780 79TH ST CSWY #203  
 NO BAY VILLAGE, FL 33141 US

Mailing Address  
 % PMS  
 8299 CORAL WAY  
 MIAMI, FL 33155 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

400477



06262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 NOT APPLICABLE Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

PMS CORPORATION  
 8299 CORAL WAY  
 MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 Due by September 14, 2007

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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREGMAN, ANNE		NAME	Jenny Rondon	
STREET ADDRESS	1780 KENNEDY CAUSEWAY #203		STREET ADDRESS	1770 Kennedy Causeway - apt 230's	
CITY-ST-ZIP	N. BAY VILLAGE, FL 33141		CITY-ST-ZIP	North Bay Village, FL 33141	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ-SORRELL, FE		NAME		
STREET ADDRESS	1780 KENNEDY CAUSEWAY #311		STREET ADDRESS		
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBERG, SIDNEY		NAME		
STREET ADDRESS	1780 KENNEDY CAUSEWAY, #201		STREET ADDRESS		
CITY-ST-ZIP	N BAY VILLAGE, FL 33141		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Jenny Rondon* *Jenny Rondon* 2/1/08 786-318-8544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #