2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 713825: 1. Entity Name 02-23-2005 90061 027 ****61.25 THREE SEASONS ASSOCIATION NO. 3, INC. Principal Place of Business Mailing Address 16410 MIAMI DRIVE N. MIAMI BEACH FL 33162 16410 MIAMI DRIVE 40001114 N. MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State Applied For City & State 4. FEI Number 59-1753139 Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) L'OREE, RODRIGUEZ **16410 MIAMI DR** 16410 Miami Dr. #302 606 N. MIAMI BEACH FL 33162 N. MIAMI BEACH 33162 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) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRIDKIN, GRIGORY NAME NAME 230 174TH STREET, #1808 STREET ADDRESS STREET ADDRESS MIAMI FL 33160 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition Director . SEWELL, MARY F NAME Rosa LEE 16410 MIAMI DR, #201 STREET ADDRESS STREET ADDRESS 16410 Miami Dr. #506 N MIAMI BEACH FL CITY-ST-7IP CITY-ST-7IP N. Miami Beach, Fl. Addition TITLE - -☐ Delate ☐ Change TITLE Recording Secretary CECCATTO, NINA NAME NAME Celia ROSALY 16410 MIAMI DR. #504 STREET ADDRESS STREET ADDRESS 16410 Miami Dr. #102 N MIAMI BEACH FL CITY-ST-ZIP CITY-ST-7IP N. Miami Beach Fl. Change TITLE TUTLE Addition Delete Secretary/Treasurer HOCH, ROSE NAME NAME Simone WAKSBERG 16410 MIAMI DR. #406 STREET ADDRESS STREET ADDRESS 16410 Miami Dr. #302 N MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP N. Miami Beach, Fl. Change TITLE Addition TITLE Delete Director Director RODRIGUEZ, LOREE NAME NAME Gloria MORRIS 16410 MIAMI DR. #606 STREET ADDRESS STREET ADDRESS 16410 Miami Dr, #507 N MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP N. Miami Beach, Fl. TITLE ☐ Delete TITLE Change ☐ Addition CARUCCI, BERNARD NAME NAME 16410 MIAMI DR. #605 STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP 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 others the empowered.

SITTONE WAKSBERG

SIGNATURE AND TYPED OF CHITTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Feb 23, 2005 8:00 am

Davtime Phone #