

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2006 8:00 am
Secretary of State

07-25-2006 90027 037 ****61.25

DOCUMENT # 713825					
1. Entity Name THREE SEASONS ASSOCIATION NO. 3, INC.					
Principal Place of Business 16410 MIAMI DRIVE N. MIAMI BEACH FL 33162 US			Mailing Address 16410 MIAMI DRIVE N. MIAMI BEACH FL 33162 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1753139	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAKSBERG, SIMONE 16410 MIAMI DR # 302 N. MIAMI BEACH FL 33162			7. Name and Address of New Registered Agent Name: <u>ROSA LEE</u> Street Address (P.O. Box Number is Not Acceptable): <u>16410 MIAMI DRIVE - # 506</u> City: <u>N. MIAMI BEACH</u> FL Zip Code: <u>33162</u>		
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: <u>Rosa Lee</u> DATE: <u>8-7-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)					
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		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	P FRIDKIN, GRIGORY 230 174TH STREET, #1808 MIAMI FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYAN CLEARY 16410 MIAMI DRIVE #109 N. MIAMI BEACH, FL - 33162	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEE, ROSA 16410 MIAMI DR, # 506 N MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMON GAIOR 16410 MIAMI DRIVE - #705 N. MIAMI BEACH, FL - 33162	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CECCATTO, NINA 16410 MIAMI DR, #504 N MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLORIA MORRIS 16410 MIAMI DRIVE - #507 N. MIAMI BEACH, FL - 33162	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS ROSALY, CELIA 16410 MIAMI DR, # 102 N MIAMI BEACH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WAKSBERG, SIMONE 16410 MIAMI DR, # 302 N MIAMI BEACH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CARUCCI, BERNARD 16410 MIAMI DR, #605 N MIAMI BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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: <u>Bernard G. Carucci</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8-7-06 (305) 354-4716 Date Daytime Phone		

BERNARD G. CARUCCI, VICE PRES.