

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

**FILED**

**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 732068**

1. Entity Name  
**FUTURA VILLAS CONDOMINIUM ASSOCIATION NO. 3,  
INC.**



Principal Place of Business

**13986 NE 2ND CT.  
NORTH MIAMI, FL 33161**

Mailing Address

**13986 NE 2ND CT.  
NORTH MIAMI, FL 33161**



01112006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1651163**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RIDGE, BETTY  
13986 NE 2ND COURT  
NORTH MIAMI, FL 33161**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GUILLEN, ERIC  
STREET ADDRESS 18621 SW 232 STREET  
CITY-ST-ZIP MIAMI, FL 33170

TITLE STD  
NAME RIDGE, BETTY  
STREET ADDRESS 13986 NE 2ND CT.  
CITY-ST-ZIP N. MIAMI, FL

TITLE VD  
NAME GUILLEN, RAUL  
STREET ADDRESS 1098 SW 134 CT..  
CITY-ST-ZIP MIAMI, FL 33184

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000534848  
05/08/06-80028-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-06-**

Date

**305-893-4603**

Daytime Phone #