


FILE NOW: FILING FEE IS \$61.25

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90027 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 742376					
1. Corporation Name GREENWAY LAKES SECTION THREE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 7171 CORAL WAY., STE 301 MIAMI FL 33155			Mailing Address 7171 CORAL WAY., STE 301 MIAMI FL 33155		



2. Principal Place of Business 21 8672 SW 40 ST Suite, Apt. #, etc. 22 Suite: 203 City & State 23 MIAMI, FL Zip 24 33155		2a. Mailing Address 26 8672 SW 40 ST Suite, Apt. #, etc. 27 Suite: 203 City & State 28 MIAMI, FL Zip 29 33155		Country 25 US 30 US		3. Date Incorporated or Qualified 04/14/1978	
				4. FEI Number APPLIED FOR 65-0860810		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LOPEZ, AMANDA 7171 CORAL WAY., STE 301 MIAMI FL 33155				10. Name and Address of New Registered Agent 81 Name LOPEZ AMANDA 82 Street Address (P.O. Box Number is Not Acceptable) 8672 SW 40 ST 83 Suite: 203 84 City MIAMI FL 85 Zip Code 33155			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, TONY			1.2 NAME			
STREET ADDRESS	1902 S.W. 124 PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARBERIS, LEE			2.2 NAME			
STREET ADDRESS	1912 S.W. 124 PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GONZALEZ, VLMA			3.2 NAME			
STREET ADDRESS	1922 SW 124TH PL			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAZ, ANA			4.2 NAME			
STREET ADDRESS	2002 SW 124TH PL			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33175			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOPEZ, AMANDA			5.2 NAME			
STREET ADDRESS	7171 CORAL WAY., STE 301			5.3 STREET ADDRESS	8672 SW 40 ST, Suite: 203		
CITY-ST-ZIP	MIAMI FL 33155			5.4 CITY-ST-ZIP	MIAMI, FL 33155		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Date

CR2E037 (1/198)