

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **751818** (6)

1. Corporation Name  
**TAMIAMI LAKES SECTION 3 HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: 1716 S.W. 136 PL, MIAMI FL-33175  
Mailing Address: 1716 S.W. 136 PL, MIAMI FL 33175

3. Date Incorporated or Qualified: **04/01/1980**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: **59-2070616**  
Applied For:  Not Applicable

Suite, Apt. #, etc.: 22  
Suite, Apt. #, etc.: 27

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

City & State: 23  
City & State: 28

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: 24  
Country: 25  
Zip: 29  
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BELSKY, GINA VALDES, ESQ.  
1550 MADRUGA AVE. #410  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-installing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                  |  |
|----------------|------------------|--|
| TITLE          | PD               | <input type="checkbox"/> DELETE            |
| NAME           | RIVERO, HECTOR B |  |
| STREET ADDRESS | 1716 SW 136 PL   |  |
| CITY-ST-ZIP    | MIAMI FL         |  |
| TITLE          | T                | <input checked="" type="checkbox"/> DELETE |
| NAME           | HUERTAS, NORKI   |  |
| STREET ADDRESS | 1626 SW 136 PL   |  |
| CITY-ST-ZIP    | MIAMI FL         |  |
| TITLE          | VD               | <input type="checkbox"/> DELETE            |
| NAME           | DIAZ, RAFAEL R   |  |
| STREET ADDRESS | 1657 SW 136 PL   |  |
| CITY-ST-ZIP    | MIAMI FL         |  |
| TITLE          | SD               | <input type="checkbox"/> DELETE            |
| NAME           | BENIGNO, MENESES |  |
| STREET ADDRESS | 1407 SW 136 PL   |  |
| CITY-ST-ZIP    | MIAMI FL         |  |
| TITLE          | VTD              | <input type="checkbox"/> DELETE            |
| NAME           | BENITEZ, ANA     |  |
| STREET ADDRESS | 1647 SW 136 PL   |  |
| CITY-ST-ZIP    | MIAMI FL         |  |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |  |
| STREET ADDRESS |                  |  |
| CITY-ST-ZIP    |                  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |     |  |
|-------------------|-----|--|
| 11 TITLE          | TPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |     |  |
| 13 STREET ADDRESS |     |  |
| 14 CITY-ST-ZIP    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 21 TITLE          |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |     |  |
| 23 STREET ADDRESS |     |  |
| 24 CITY-ST-ZIP    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 31 TITLE          |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |     |  |
| 33 STREET ADDRESS |     |  |
| 34 CITY-ST-ZIP    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 41 TITLE          |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |     |  |
| 43 STREET ADDRESS |     |  |
| 44 CITY-ST-ZIP    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 51 TITLE          |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |     |  |
| 53 STREET ADDRESS |     |  |
| 54 CITY-ST-ZIP    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 61 TITLE          |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |     |  |
| 63 STREET ADDRESS |     |  |
| 64 CITY-ST-ZIP    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Hector B. Rivero Date: 1-30-96 Daytime Phone #: 305-223-2303

CR2E037 (12/95)

5-1-96 OK