


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 751818
 1. Entity Name
TAMIAMI LAKES SECTION 3 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1667 SW 136 PL 1667 SW 136 PL
 MIAMI, FL 33175 MIAMI, FL 33175



02092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

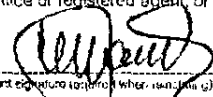
4. FEI Number
59-2070616 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
AQUIT, REINALDO
 1667 SW 136 PL
 MIAMI, FL 33175

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:  DATE: **2/9/06**

Signature: typed or printed name of registered agent and this is acceptable. (NOTE: Registered Agent signature required when new filing.)

Filing Fee is \$61.25 Due by May 1, 2006

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

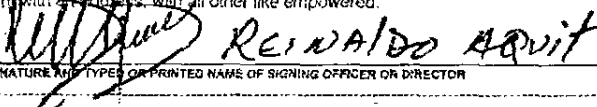
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LUGO, JUAN
STREET ADDRESS	1487 SW 136 PL
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	AQUIT, REINALDO
STREET ADDRESS	1667 SW 136 PL
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	DIAZ, RAFAEL
STREET ADDRESS	1667 SW 136 PL
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000447678
 03/08/06-80065-025 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 my address, with all other like empowered.

SIGNATURE:  **REINALDO AQUIT** DATE: **2/9/06** **305551-386**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #