


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 751818 1. Entity Name TAMIAMI LAKES SECTION 3 HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1667 SW 136 PL MIAMI, FL 33175	Mailing Address 1667 SW 136 PL MIAMI, FL 33175
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01312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2070616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AQUIT, REINALDO
 1667 SW 136 PL
 MIAMI, FL 33175**

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

U00000669870
 03/27/07-80089-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUGO, JUAN 1487 SW 136 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AQUIT, REINALDO 1667 SW 136 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, RAFAEL 1657 SW 136 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Reinaldo Aquit* **REINALDO AQUIT** 3/10/07 305 222-1182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #