


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 751818 1. Entity Name <b>TAMIAMI LAKES SECTION 3 HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1667 SW 136 PL          MIAMI, FL 33175</b>	Mailing Address <b>1667 SW 136 PL          MIAMI, FL 33175</b>
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**DO NOT WRITE IN THIS SPACE**



03152008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2070616</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008.**

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

**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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000923156  
 05/18/08-80019-010-61.25

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 Leubert Date: 4/20/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR