

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90186 024 ****61.25

DOCUMENT # 752202

1. Entity Name

TRES VIDAS CONDOMINIUM ONE, INC.



Principal Place of Business

Mailing Address

6850 NW 2ND AVE.
BOX 37
BOCA RATON FL 33487

6850 NW 2ND AVE.
BOX 37
BOCA RATON FL 33487

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2122676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PODINA, DORIS
6950 N.W. 2ND AVE. #21
BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
PODINA, DORIS
6850 N.W. 2ND AVE. #21
BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
Goltzer, Linda
6850 N.W. 2nd Ave. #7
Boca Raton, Fl. 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
STEINBUCH, DIANE
6850 N.W. 2ND AVE #23
BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPD
Walling, Miriam
6850 N.W. 2nd Ave. #9
Boca Raton, Fl. 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VPD
GORDON, LEE
6850 N.W. 2ND AVE #12
BOCA RATON FL 33487 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
El Khoury, Amine
6850 N.W. 2nd Ave. #34
Boca Raton, Fl. 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
DORIA, JANET
6850 N.W. 2ND AVE #32
BOCA RATON FL 33487 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
Steinbuch, Diane
6850 N.W. 2nd Ave. #23
Boca Raton, Fl. 33487 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
KHOURY, NICHOLAS
6850 N.W. 2ND AVE #35
BOCA RATON FL 33487 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Cherry, Jay
6850 N.W. 2nd Ave. #31
Boca Raton, Fl. 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
LEWIS, ROBERT
6850 N.W. 2ND AVE. #36
BOCA RATON FL 33487 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Doris Podina

TD

4-3-07

561-997-7987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #