

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752202

FILED
Mar 20, 2012
Secretary of State

Entity Name: TRES VIDAS CONDOMINIUM ONE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2122676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLING, MIRIAM B
355 NE 5TH AVE SUITE 6
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: GOLTZER, LINDA
Address: 6850 N.W. 2ND AVE #7
City-St-Zip: BOCA RATON, FL 33487

Title: D
Name: MILLMAN, DAVID
Address: 6850 N.W. 2ND AVE. #2
City-St-Zip: BOCA RATON, FL 33487

Title: T
Name: WALLING, MIRIAM B
Address: 355 NE 5TH AVE SUITE 6
City-St-Zip: DELRAY BEACH, FL 33483

Title: D
Name: PODINA, DORIS
Address: 6850 N.W. 2ND AVE. #21
City-St-Zip: BOCA RATON, FL 33487

Title: S
Name: LONG, KENT
Address: 6850 N.W. 2ND AVE #8
City-St-Zip: BOCA RATON, FL 33487

Title: VP
Name: GORDON, LEE
Address: 6850 NW 2ND #12
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIRIAM B WALLING CPA

T

03/20/2012

Electronic Signature of Signing Officer or Director

Date