

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 771117

FILED
Aug 05, 2002
Secretary of State

Entity Name: WESTWIND LAKES TOWNHOUSES ASSOCIATION III, INC.

Current Principal Place of Business:

2500 NW 97TH AVE
SUITE 200
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

14750 SW 65 TERR.
MIAMI, FL 33193

New Mailing Address:

14751 SW 65 TERR.
MIAMI, FL 33193

FEI Number: 59-2343290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, GARIDAD
14751 SW 65 TERRACE
MIAMI, FL 33193 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: PD () Delete
Name: JIMENEZ, CARIDAD
Address: 14751 SW 65 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: DV (X) Delete
Name: HERNANDEZ, MARIO
Address: 6559 SW 147 CT
City-St-Zip: MIAMI, FL 33193

Title: TD () Delete
Name: WHITE, ANN
Address: 14755 SW 65 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: SD () Delete
Name: NEGRIN, NORKA
Address: 14753 SW 65 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: D (X) Delete
Name: CALDERON, JENNY
Address: 14754 SW 65 TERRACE
City-St-Zip: MIAMI, FL 33193

Title: D (X) Delete
Name: RUIZ, PATRICIA
Address: 14770 SW 65 TERRACE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARIDAD JIMENEZ

PD

08/05/2002

Electronic Signature of Signing Officer or Director

Date