

# 2006 NOT-FE ROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

06 AUG - 7 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 771117</b> 1. Entity Name <b>WESTWIND LAKES TOWNHOUSES ASSOCIATION III, INC.</b>			
Principal Place of Business <b>2200 NW 102 AVE</b> <del>#5</del> <b>DORAL, FL 33172</b>		Mailing Address <del>2200 NW 102 AVE</del> <del>#5</del> <del>DORAL, FL 33172</del>	
2. Principal Place of Business <b>PO Box 65-3637</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 65-3637</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b> Zip <b>33265-3637</b>		City & State <b>Miami, FL</b> Zip <b>33265-3637</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-2343290</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 <b>S.P.M. GROUP, INC</b> <del>2200 NW 102 AVE</del> <del>MIAMI, FL 33172</del>		7. Name and Address of New Registered Agent Name <b>Betancourt, Mena &amp; Associates</b> Street Address (P.O. Box Number is Not Acceptable) <b>Maritza Betancourt</b> <b>19 W Flagler St #720</b> City <b>miami</b>	
State <b>FL</b>		Zip Code <b>33120</b>	
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 the registered agent.			
SIGNATURE 		DATE <b>8/4/06</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>Amended AR is \$61.25</b>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	NAME <b>HERNANDEZ, MARIO</b>	TITLE <b>SD</b>	NAME <b>De Benedetto, Pam</b>
STREET ADDRESS <b>6559 SW 147 CT</b>	CITY-ST-ZIP <b>MIAMI, FL 33193</b>	STREET ADDRESS <b>10751 SW 104 ST</b>	CITY-ST-ZIP <b>MIAMI, FL 33176</b>
TITLE <b>TD</b>	NAME <b>RUIZ, PATRICIA</b>	TITLE <b>500079625975</b>	NAME <b>02/11/06--01030--001</b>
STREET ADDRESS <b>14770 SW 65 TERR</b>	CITY-ST-ZIP <b>MIAMI, FL 33193</b>	STREET ADDRESS <b>14770 SW 65 TERRACE</b>	CITY-ST-ZIP <b>MIAMI, FL 33193</b>
TITLE <b>D</b>	NAME <b>RUIZ, PATRICIA</b>	TITLE <b>SD</b>	NAME <b>MARTINEZ, JORGE</b>
STREET ADDRESS <b>14770 SW 65 TERRACE</b>	CITY-ST-ZIP <b>MIAMI, FL 33193</b>	STREET ADDRESS <b>14749 SW 66 TERR</b>	CITY-ST-ZIP <b>MIAMI, FL 33193</b>
TITLE <b>D</b>	NAME <b>DEBENEDETTE, VICK</b>	TITLE <b>Vice P.</b>	NAME <b>De Benedetto, Nick</b>
STREET ADDRESS <b>10751 SW 104 STREET</b>	CITY-ST-ZIP <b>MIAMI, FL 33176</b>	STREET ADDRESS <b>10751 SW 104 ST</b>	CITY-ST-ZIP <b>MIAMI, FL 33176</b>
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: 		Date <b>8/4/06</b>	
Signature and typed or printed name of signing officer or director		Daytime Phone #	