


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005360

1. Entity Name
VILLAS LAS PALMAS III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

37 WEST 11 ST **37 WEST 11 ST**
103 **103**
HIALEAH, FL 33010 US **HIALEAH, FL 33010 US**

DO NOT WRITE IN THIS SPACE



03182005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-1128430 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARCE, JUAN C
37 WEST 11 ST
103
HIALEAH, FL 33010

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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: *Juan C Arce* 3/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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	PD LA ROSA, ARMANDO 37 WEST 11 ST APT 103 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ARCE, JUAN C 37 WEST 11 ST APT 201 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PIMENTA, LEONIDES 37 WEST 11 ST APT 106 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/23/05-80048-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Armando La Rosa* *Armando La Rosa* 3/19/05 (305) 805-4287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #