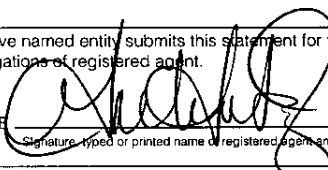
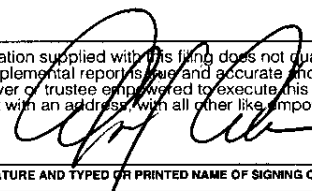


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 16 PM 12:11

DOCUMENT # N03000002984 1. Entity Name TREE ISLAND ESTATES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175				Mailing Address 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 11981 SW 144 Court Suite 201			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 20-0553884	
Zip 33186		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175				7. Name and Address of New Registered Agent Name A&A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 Ave., Suite 221 City Miami FL Zip Code 33175	
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  Gretel Rodriguez, President 03/12/04 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, 2004		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	PST ADRIAN, ALVARO L 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800030600458 03/17/04--01025--023 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADRIAN, ALVARO L 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 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 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:  Alvaro L. Adrian Mar-15-04 305-221-1515 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					