

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90042 006 ****61.25

DOCUMENT # N04000010644					
1. Entity Name MARSH HARBOUR 3 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2121 PONCE DE LEON BOULEVARD PH CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BOULEVARD PH CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2074 W. INDIAN TOWN RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE # 200		08202007 Chg-NP CR2E037 (12/06)	
City & State		City & State JUPITER FL		4. FEI Number 20-4507515	
Zip		Zip 33448		Country PB	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, L.L.C. 29TH FLOOR, 100 SOUTHEAST SECOND STREET MIAMI, FL 33131-2130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD ADAMS, BRUCE 2121 PONCE DE LEON BOULEVARD PH CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHANNON, KARR 2121 PONCE DE LEON BOULEVARD PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARBARA REGUIRISTAIN 2121 PONCE DE LEON BLVD CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GREENBERG, KIM 2121 PONCE DE LEON BOULEVARD PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JP MAXIMO CRUZ JR. 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8/27/07 (786) 709-2257		