

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90064 026 \*\*\*\*61.25

**DOCUMENT # N04639**

1. Entity Name  
**LAS BRISAS TOWNHOUSE APARTMENTS  
CONDOMINIUM-NO. 3 ASSOCIATION, INC.**



Principal Place of Business  
**1300 W. 46TH ST.  
HIALEAH, FL 33012 US**

Mailing Address  
**2150 WEST 68 ST  
SUITE #205  
HIALEAH, FL 33016 US**

**40013148**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242007 Chg-NP CR2E037 (12/06)

City & State

City & State  
**Hialeah, Florida**

4. FEI Number  
**59-2665942**

Applied For  
Not Applicable

Zip Country

Zip Country  
**33016 U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORANZO, NORMA  
1330 W 46TH ST  
SUITE 10  
HIALEAH, FL 33012**

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

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, 2007**

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 PD ☐ Delete  
NAME **MARTINEZ, RICARDO**  
STREET ADDRESS **1330 W 46 ST, # 20**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME **DELGADO-WANCHE, MIRTHA**  
STREET ADDRESS **1320 WEST 46 ST #24**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME **TOPANZO, NORMA**  
STREET ADDRESS **1310 W 46 ST, # 10**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☒ Change ☐ Addition  
NAME **Toranzo, Norma**  
STREET ADDRESS **1310 W 46 St #10**  
CITY-ST-ZIP **Hialeah, FL 33012**

TITLE VP ☐ Delete  
NAME **HERNANDEZ, JUAN**  
STREET ADDRESS **1320 WEST 46 ST # 23**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME **ROCA, BARBARA**  
STREET ADDRESS **1300 WEST 46 ST #4**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ricardo Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/07 3058192361

Date

Daytime Phone #