## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000005838

FILED Jul 11, 2006 Secretary of State

Entity Name: MIMO ON THE BEACH III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

305-15 69TH STREET MIAMI BEACH, FL 33141

**Current Mailing Address: New Mailing Address:** 

%ATER REGISTERED AGENTS, LLC 305 ALCAZAR AVE

2601 SOUTH BAYSHORE DRIVE SUITE 700 CORAL GABLES, FL 33134

COCONUT GROVE, FL 33133

FEI Number: 20-3624292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ATER REGISTERED AGENTS, LLC VILAR PROPERTY MANAGEMENT 2601 SOUTH BAYSHORE DRIVE SUITE 700 305 ALCAZAR AVE

COCONUT GROVE, FL 33133 CORAL GABLES, FL 33134 US

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.

SIGNATURE: TERESA VILAR 07/11/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition Name:

GARCIA, JOSE M HOUSEN, CAROL Name: % 2601 SOUTH BAYSHORE DRIVE SUITE 700 Address: 7330 OCEAN TERRACE UNIT 2001 Address:

COCONUT GROVE, FL 33133 MIAMI, FL 33141

City-St-Zip: City-St-Zip:

(X) Change ( ) Addition Title: () Delete Title: GARCIA, CARLOS M Name: MEANS, KABRINA Name:

Address: % 2601 SOUTH BAYSHORE DRIVE SUITE 700 Address: 5841 SW 116 STREET City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: MIAMI, FL 33156

Title: STD () Delete Title: (X) Change ( ) Addition

ELJAIEK III, SANTIAGO M Name: MENDOZA, ARLENE Name: % 2601 SOUTH BAYSHORE DRIVE SUITE 700 13211 SW 49 STREET Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL HOUSEN **PVD** 07/11/2006