

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90083 009 ****61.25

DOCUMENT # N05000008428
 1. Entity Name
 THE SHORES CONDOMINIUM NO. 3 ASSOCIATION, INC.



Principal Place of Business
 730 NW 107TH AVENUE
 4TH FLOOR
 MIAMI, FL 33172

Mailing Address
 730 NW 107TH AVENUE
 4TH FLOOR
 MIAMI, FL 33172

40032968



2. Principal Place of Business - No P.O. Box #
 13055 SW 42 ST

3. Mailing Address
 13055 SW 42 ST

Suite, Apt. #, etc.
 Suite 203

Suite, Apt. #, etc.
 Suite 203

City & State
 Miami

City & State
 Miami

Zip
 FL 33175

Zip
 FL 33175

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
 20-3321299

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFREY R. MARGOLIS, P.A.
 C/O DUANE MORRIS LLP
 200 SOUTH BISCAYNE BLVD., SUITE 3400
 MIAMI, FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENDERSON, MERCEDES	
STREET ADDRESS	730 NW 107TH AVENUE - 4TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCPHERSON, GREG	
STREET ADDRESS	730 NW 107TH AVENUE - 4TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AVILA, MIGUEL	
STREET ADDRESS	730 NW 107TH AVENUE - 4TH FLOOR	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sierra, Sylvia	
STREET ADDRESS	730 NW 107 Ave, 4th Floor	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mercedes Henderson Mercedes Henderson Date: 3/6/07 Daytime Phone #: 305-559-1951