

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90207 049 ****70.00

DOCUMENT # N05000012285			
1. Entity Name THREE ROUND TOWERS RESIDENT ASSOCIATION INC.			
Principal Place of Business 2800 NW 18 AVE MIAMI, FL 33142 US		Mailing Address 2800 NW 18 AVE MIAMI, FL 33142 US	
2. Principal Place of Business - No P.O. Box # 2870 n.w. 18 ave		3. Mailing Address SAME AS #2	
Suite, Apt. #, etc. APT 8C		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33142		Country U.S.A.	
6. Name and Address of Current Registered Agent ECHEVARRIA, JOSE 2870 NW 18 AVENUE, #12D MIAMI, FL 33142		7. Name and Address of New Registered Agent Name: Jose Echevarria Street Address (P.O. Box Number is Not Acceptable): 2870 nw 18 ave, Apt. 8C City: Miami FL Zip Code: 33142	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE: X 1-10-2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME ECHEVARRIA, JOSE STREET ADDRESS 2870 NW 18 AVE - # 8C CITY- ST- ZIP MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE NAME Carmen Velazquez STREET ADDRESS 2870 n.w. 18 ave, Apt. 8C CITY- ST- ZIP MIAMI, FL 33142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME VALDES, CARLOS STREET ADDRESS 2870 NW 18 AVE - # 12D CITY- ST- ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RODRIGUEZ, PASTORA STREET ADDRESS 2870 NW 18 AVE - # 12H CITY- ST- ZIP MIAMI, FL 33142	<input checked="" 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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: X 1-10-2007 (305) 633-2742 <small>Daytime Phone #</small>	