

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012285

1. Entity Name
THREE ROUND TOWERS RESIDENT ASSOCIATION INC.



Principal Place of Business

2870 N.W. 18 AVE
APT 8C
MIAMI, FL 33142 US

Mailing Address

2870 N.W. 18 AVE
APT 8C
MIAMI, FL 33142 US

FILED
Sep 05, 2008 08:00 AM
Secretary of State



09022008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
30-0148748

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ECHEVARNIA, JOSE
2870 NW 18 AVENUE, APT 8C
MIAMI, FL 33142

**DO NOT WRITE
IN THIS SPACE**

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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ECHEVARRIA, JOSE
STREET ADDRESS	2870 NW 18 AVE - # 8C
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	S
NAME	VELAZQUEZ, CARMEN
STREET ADDRESS	2870 N.W. 18 AVE, APT 8C
CITY - ST - ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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09/05/08-80003-019 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #