
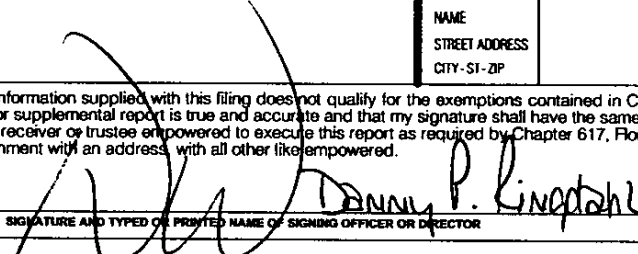


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90105 001 ***122.50

DOCUMENT # N06000003042			
1. Entity Name PUERTO DEL RIO, PHASE THREE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 750 N. ATLANTIC AVENUE SUITE 1209 COCOA BEACH, FL 32931		Mailing Address 750 N. ATLANTIC AVENUE SUITE 1209 COCOA BEACH, FL 32931	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOSLEY, CURTIS R ESQ. 1221 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGDAHL, DANNY P	NAME	
STREET ADDRESS	750 N. ATLANTIC AVENUE #1209	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGDAHL, JANET	NAME	
STREET ADDRESS	750 N. ATLANTIC AVENUE #1209	STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH, FL 32931	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, ARNOLD S	NAME	
STREET ADDRESS	1475 PARADISE COURT	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		4-27-07 321-783-1373	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



01052007 Chg-NP CR2E037 (12/06)

4. FEI Number **N/A** Applied For Not Applicable

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