

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 20, 2012
Secretary of State

DOCUMENT# N11544

Entity Name: BLEAU FONTAINE CONDOMINIUM ASSOCIATION NUMBER THREE, INC.**Current Principal Place of Business:**9423 FONTAINEBLEAU BLVD
101
MIAMI, FL 33172 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 160310
HIALEAH, FL 33016 US**New Mailing Address:****FEI Number:** 59-2720235**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NEIGHBORHOOD PROPERTY MANAGEMENT
2150 W 68 ST
SUITE 205
HIALEAH, FL 33016 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ABRAHANTE, CATALINA A
Address: 2150 W 68 ST SUITE 205
City-St-Zip: HIALEAH, FL 33016

Title: VPD
Name: OLIVARES, HECTOR
Address: 2150 W 68 ST SUITE 205
City-St-Zip: HIALEAH, FL 33016

Title: TD
Name: GONZALO RETREPO, JUAN
Address: 2150 W 68 ST SUITE 205
City-St-Zip: HIALEAH, FL 33016

Title: SD
Name: RAFAEL, GUERRERO E
Address: 2150 W 68 ST SUITE 205
City-St-Zip: HIALEAH, FL 33016

Title: D
Name: PAREJA, ESMERALDA
Address: 2150 W 68 ST SUITE 205
City-St-Zip: HIALEAH, FL 33016

I hereby 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 all other like empowered.

SIGNATURE: /CATALINA ABRAHANTES/

PD

03/20/2012

Electronic Signature of Signing Officer or Director

Date