

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27937

FILED
Feb 04, 2009
Secretary of State

Entity Name: ALAMEDA TOWER 3 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5400/5420 W 21ST CT
OFFICE
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

5400 W 21ST CT
#402
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-0121763 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHIONG, ERNESTO
5400 W 21ST CT
#402
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 () Delete
Name: CHIONG, ERNESTO
Address: 5400 W 21ST CT #402
City-St-Zip: HIALEAH, FL 33016

Title: VPD () Delete
Name: TORRENS, YOEL
Address: 5420 W 21ST CT #213
City-St-Zip: HIALEAH, FL 33016

Title: TD () Delete
Name: ALVAREZ, PABLO
Address: 5420 W 21ST CT #310
City-St-Zip: HIALEAH, FL 33016

Title: SD () Delete
Name: GONZALEZ, DIONISIO
Address: 5420W 21 ST CT #409
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: DIAZ, HIPOLITO
Address: 5400 W 21 ST CT #205
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: TORRENS, BENITO
Address: 5420 W 21ST CT #308
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERNESTO CHIONG

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date