

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 018 ****61.25

N 43170

CARMEL LAKES CONDOMINIUM NO. 3 ASSOCIATION, INC.



% LANDMARK MANAGEMENT SERVICES
12323 S.W. 55TH STREET, STE 1002
COOPER CITY, FL 33330 US

14275 SW 142 AVE
MIAMI, FL 33186 US

50010883



02202006

2. Principal Place of Business <i>Landmark Management Services</i>		3. Mailing Address <i>Landmark Management Services</i>		4. FEI Number 65-0287853		Applied For Not Applicable	
Suite, Apt. #, etc. <i>1941 NW 150 Ave</i>		Suite, Apt. #, etc. <i>1941 NW 150 Ave</i>					
City & State <i>Pembroke Pines, FL</i>		City & State <i>Pembroke Pines FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip <i>33028</i>	Country <i>USA</i>	Zip <i>33028</i>	Country <i>USA</i>				

6. Name and Address of Current Registered Agent <i>EISINGER, DENNIS J 4000 PRESIDENTIAL CIRLCE STE 205 SOUTH HOLLYWOOD, FL 33021</i>		7. Name and Address of New Registered Agent Name <i>Strategic O Ho, P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3920 Sheridan Street #109</i> City <i>Hollywood</i> FL Zip Code <i>33021</i>	
---	--	--	--

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

Charles O Ho Esq

(NOTE: Registered Agent signature required when reinstating)

4/6/06
DATE

Filing Fee is \$61.25 Due by May 1, 2006	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 NAME STREET ADDRESS CITY-ST-ZIP	ED CEDENO, ABDEL 2070 ONE 4 COURT #203 MIAMI, FL 33179 <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	SD CORTES, RAMON 2070 ONE 4TH CT., #201 MIAMI, FL 33179 <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	TD WALLS, JENFER 2070 ONE 4TH CT., #103 MIAMI, FL 33179 <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
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:

Kandy Sampaio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/06
Date

Daytime Phone #