FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46710** **(2)**

1. Corporation Name

THREE ROUND TOWERS RESIDENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2870 NW 18 AVENUE APT. 8-C MIAMI FL 33142	2870 NW 18 AVENUE APT. 8-C MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1992
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0327545 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

OLIVER, MONICA
DADE COUNTY HUD, BUILDING F
1401 N.W. 7TH STREET
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: Lisa Thompson
82 Street Address (P.O. Box Number is Not Acceptable): 2931 NW 4th Court
83: Dade County HUD, Resident Svcs
84 City: Miami FL 85 Zip Code: 33142

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Lisa Thompson 4/11/95
(Type or printed name of registered agent and, if applicable, title of officer) (NOTE: Registered Agent signature required for reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ECHEVARRIA, JOSE A. 2870 NW 18 AVE.,#8C MIAMI FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D HERNANDEZ, REINOL 2920 NW 18TH AVENUE #4J MIAMI FL 33142	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D RAMOS, ANTONIO 2940 NW 18 AVE. MIAMI FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S DOTRES, ESTRELLA 2940 NW 18TH AVE APT 6J MIAMI FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DIBE, DANIELLE 2870 NW 18TH AVENUE #3A MIAMI FL 33142	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☒ Change ☐ Addition Member at Large Julio Caminas 2920 NW 18 AVE Apt 2K Miami FLA 33142
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☒ Addition Member at Large Louisa Kim Rowe 2870 NW 18 AVE Apt 411 Miami FLA 33142.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: [signature] 4/11/95 633-2742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #