

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N46710** (2)
1. Corporation Name
THREE ROUND TOWERS RESIDENT ASSOCIATION, INC.



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

Mailing Address
**2870 NW 18 AVENUE
APT. 8-C
MIAMI FL 33142**

3. Date Incorporated or Qualified **01/02/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**THOMPSON, LISA
2001 NW 4TH COURT
DADE COUNTY HUD,
MIAMI FL 33142**

10. Name and Address of New Registered Agent
81 Name **OLIVER, MONICA**
82 Street Address (P.O. Box Number is Not Acceptable)
1401 N.W. 7ST Bldg F
83 **DADE COUNTY HUD**
84 City **MIAMI** **FL** **85** Zip Code **33125**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **6-7-96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	ECHEVARRIA, JOSE A.	2870 NW 18 AVE. #8C	MIAMI FL	<input type="checkbox"/>
D	HERNANDEZ, REINOL	2920 NW 18TH AVENUE #4J	MIAMI FL 33142	<input type="checkbox"/>
D	RAMOS, ANTONIO	2940 NW 18 AVE.	MIAMI FL	<input type="checkbox"/>
S	DOTRES, ESTRELLA	2940 NW 18TH AVE APT 6J	MIAMI FL	<input type="checkbox"/>
M	GAMINAS, JULIO	2920 NW 18TH AVE #2K	MIAMI FL	<input checked="" type="checkbox"/>
M	ROGERS, LOUISA K.	2870 NW 18TH AVE #4H	MIAMI FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(k), 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **6-7-96** (305) 633-2742

JOSE A. ECHEVARRIA / DIRECTOR

CR2E037 (3/96)