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NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2870 NW 18 AVENUE APT. 8-C MIAMI FL 33142	2870 NW 18 AVENUE APT. 8-C MIAMI FL 33142-6037

3. Date Incorporated or Qualified: 01/02/1992
3a. Date of Last Report: 06/17/1996

2. Principal Place of Business
21 2800 N.W. 18 AV
Suite, Apt. #, etc.
22 MALCOM ROSS CENTER
City & State
23 Miami, Florida
Zip 24 33142 Country 25 ~~DAD~~ USA.

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

OLIVER, MONICA
1401 N.W. 7 ST BLDG F
DADE COUNTY HUD
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, REINOL 2920 NW 18TH AVENUE #4J MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAMOS, ANTONIO 2940 NW 18 AVE. MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D SABINA, MIGUEL A. 2940 N.W. 18 ave. Apt. 3K Miami, Fl 33142	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOTRES, ESTRELLA 2940 NW 18TH AVE APT 6J MIAMI FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S PEREZ, RULU F. 2870 N.W. 18 ave. Apt. 2K Miami, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M CAMINAS, JULIO 2920 N.W. 18 AVE #2F MIAMI FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ROGERS, LOUISA K. 2870 NW 18TH AVE #4H MIAMI FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D GONZALEZ, ANGEL 2870 N.W. 18ave. Apt. 5K Miami, Fl. 33142.	☐ Change ☒ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [illegible] REQUIRED 3-27-97 305-6386306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029978