

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90046 037 ****70.00

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DOCUMENT # N46710

1. Corporation Name

THREE ROUND TOWERS RESIDENT ASSOCIATION, INC.

Principal Place of Business

2800 NW 18 AVE
MALCOLM ROSS CENTER
MIAMI FL 33142
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/02/1992

4. FEI Number

65-0327545

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ECHEVARRIA, JOSE A.
STREET ADDRESS 2870 NW 18 AVE., #8C
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME HERNANDEZ, REINOL
STREET ADDRESS 2920 NW 18TH AVENUE #4J
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME SABINA, MIGUEL A.
STREET ADDRESS 2940 NW 18 AVE APT 3K
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME MANUEL CASTANEDA
STREET ADDRESS 2870 NW 18 AVE APT 2K
CITY-ST-ZIP MIAMI FL 33142

TITLE M ☐ DELETE

NAME CAMINAS, JULIO
STREET ADDRESS 2920 N.W. 18 AVE #2F
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME GONZALEZ, ANGEL
STREET ADDRESS 2870 NW 18 AVE APT 5K
CITY-ST-ZIP MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)