

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000005486 (5)**

1. Corporation Name

POINT LAKE CONDOMINIUM ASSOCIATION THREE, INC.



Principal Place of Business

Mailing Address

~~10800 S.W. 56TH ST.
SUITE 32
MIAMI FL 33165~~

~~10000 S.W. 56TH ST.
SUITE 32
MIAMI FL 33165~~

3. Date Incorporated or Qualified
11/04/1994

3a. Date of Last Report
10/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **14275 SW 142 Ave**
Suite, Apt. #, etc.

26 **14275 SW 142 Ave**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Miami, FL**

28 **Miami, FL**

24 Zip **33186**

25 Country **USA**

29 Zip **33186**

30 Country **USA**

4. FEI Number
65-0525342

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

10. Name and Address of New Registered Agent

~~QUINTANA, J. LUIS
QUINTANA & ASSOCIATES P.A.
2333 PONCE DE LEON BLVD., STE. 1120
CORAL GABLES FL 33134~~

81 Name
Triay, Carlos

82 Street Address (P.O. Box Number is Not Acceptable)
999 Ponce De Leon Suite 1110

84 City
Coral Gables

85 Zip Code
FL 33134

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, Sections 617.0502 and 617.1508, Florida Statutes.

SIGNATURE

[Signature]

Signature of newly appointed registered agent required when registering.

4/16/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DPT	RODRIGUEZ, P. NELSON	10000 S.W. 56 ST., STE. 32	MIAMI FL 33165	<input checked="" type="checkbox"/>
DVS	CAMPOS, OSVALDO JR.	10000 S.W. 56 ST., STE. 32	MIAMI FL 33165	<input checked="" type="checkbox"/>
D	DELGADILLO, GISELA	10000 S.W. 56 ST., STE. 32	MIAMI FL 33165	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '96

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PDT / Director	DELGADO, MANUEL	7655 SW 153 CT #105	MIAMI FL 33193	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD / Director	FERNANDEZ, ANTONIO	15355 SW 76 TR #A02	MIAMI, FL 33193	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER / Director	DE LA CRUZ MANUEL	15385 SW 76 TR #105	MIAMI FL 33193	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input 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 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 305-378-0130

CR2E037 (12/95)