


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N94000005486</b> <small>Entity Name</small> <b>POINT LAKE CONDOMINIUM ASSOCIATION THREE, INC.</b>	
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<small>Principal Place of Business</small> <b>P.O. BOX 831235</b> <b>MIAMI FL 33823</b> <b>US</b>	<small>Mailing Address</small> <b>P.O. BOX 831235</b> <b>MIAMI FL 33283</b> <b>US</b>
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<small>2. Principal Place of Business</small> Suite, Apt. #, etc.	<small>3. Mailing Address</small> Suite, Apt. #, etc.
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<small>City &amp; State</small> City & State	<small>4. FEI Number</small> <b>65-0525342</b>
<small>Zip</small> Country	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



MOORE CR2E037 (11/03)

<small>6. Name and Address of Current Registered Agent</small> <b>TRIAY, CARLOS</b> <b>10570 NW 27 STREET</b> <b>SUITE 103</b> <b>MIAMI FL 33172</b>	<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>PD</b> <b>FERNANDEZ, ANTONIO</b> <b>15355 SW 76TH TERR, #102</b> <b>MIAMI FL 33193</b> <input type="checkbox"/> Delete
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>TD</b> <b>DE LA CRUZ, MANUEL</b> <b>15385 SW 76TH TERR #105</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>SD</b> <b>VILA, MARIA</b> <b>15390 SW 76TH TERR, #102</b> <b>MIAMI FL 33193</b> <input type="checkbox"/> Delete
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>VPD</b> <b>GUTIERREL, ISAURD</b> <b>15355 SW 76TH TERRACE # 102</b> <b>MIAMI FL 33193</b> <input type="checkbox"/> Delete
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000029701</b> <b>02/04/04-80076-016 61.25</b>
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1-27-04 301-3826006