


**2007-NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000005486**  
1. Entity Name  
**POINT LAKE CONDOMINIUM ASSOCIATION THREE, INC.**



Principal Place of Business <b>P.O. BOX 831235 MIAMI, FL 33823 US</b>	Mailing Address <b>P.O. BOX 831235 MIAMI, FL 33283 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0525342</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
  
**TRIAY, CARLOS  
10570 NW 27 STREET  
SUITE 103  
MIAMI, FL 33172**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILA, ROBERTO 13215 SW 45 TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, MARTHA 15390 SW 76 TERRACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUTIERREZ, ISaura 15355 SW 76 TERRACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000592972  
01/22/07-80014-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Roberto Vila* **1-7-07** 786-325-2195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #