

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 17, 2009
Secretary of State**

DOCUMENT# N94000005486

Entity Name: POINT LAKE CONDOMINIUM ASSOCIATION THREE, INC.**Current Principal Place of Business:**15390 SW 76 TERRACE
UNIT 105
MIAMI, FL 33193 US**New Principal Place of Business:**15390 SW 76 TERRACE
MIAMI, FL 33193 US**Current Mailing Address:**P.O. BOX 831235
MIAMI, FL 33823 US**New Mailing Address:**7850 NW 146 STREET, SUITE 424
MIAMI LAKES, FL 33016 US

FEI Number: 65-0525342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:TRIAIY, CARLOS
10570 NW 27 STREET
SUITE 103
MIAMI, FL 33172 US**Name and Address of New Registered Agent:**ARMENGOL, LOURDES ESQUIRE
7850 NW 146 STREET
SUITE 424
MIAMI LAKES, FL 33016 US

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.

SIGNATURE: LOURDES ARMENGOL, ESQUIRE

09/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: VILA, ROBERTO
Address: 13215 SW 45 TERRACE
City-St-Zip: MIAMI, FL 33175Title: TD () Delete
Name: FERNANDEZ, MARTHA
Address: 15390 SW 76 TERRACE
City-St-Zip: MIAMI, FL 33193Title: VD () Delete
Name: GUTIERREZ, ISAURA
Address: 15355 SW 76 TERRACE
City-St-Zip: MIAMI, FL 33193**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: ESTRADA, LUIS
Address: 7850 NW 146 STREET, SUITE 424
City-St-Zip: MIAMI LAKES, FL 33016Title: VD (X) Change () Addition
Name: OCAMPO, RODRIGO
Address: 7850 NW 146 STREET, SUITE 424
City-St-Zip: MIAMI LAKES, FL 33016Title: TD (X) Change () Addition
Name: MOLINE, JOSE RAMON
Address: 7850 NW 146 STREET, SUITE 424
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS ESTRADA

PD

09/17/2009

Electronic Signature of Signing Officer or Director

Date