

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90050 029 ****61.25

DOCUMENT # N96000005627 1. Entity Name VILLA REAL CONDOMINIUM NO. 3 ASSOCIATION, INC.			
Principal Place of Business 1191 NW 125TH CT STE 202 MIAMI, FL 33182		Mailing Address C/O J R GONZALEZ 11936 SW 8TH ST MIAMI, FL 33184	
2. Principal Place of Business - No P.O. Box # LTC Royal Management Suite, Apt. #, etc. 12301 NW 7th LN City & State Miami, FL Zip 33182 Country USA		3. Mailing Address LTC Royal Management Suite, Apt. #, etc. 12301 NW 7th LN City & State Miami, FL Zip 33182 Country USA	
4. FEI Number 65-0710945		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, JESUS R 11936 SW 8 STREET MIAMI, FL 33184		7. Name and Address of New Registered Agent Name JOSE LUIS LOPEZ Street Address (P.O. Box Number is Not Acceptable) 12301 NW 7th LN City Miami FL Zip Code 33182	
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 _____ DATE 4/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASBUN, OMAR A 1191 N.W. 125TH COURT, #202 MIAMI, FL 33182	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIWAH, CHI 1183 NW 125 CT. MIAMI, FL 33182	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRUZ, RITA 1187 NW 125TH COURT MIAMI, FL 33182	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ernesto Rodriguez 1174 NW 124 Path. Miami, FL 33182	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Maria Bueres 1170 NW 124 Path. Miami, FL 33182	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Felix Quijones 1198 NW 124 Path. Miami, FL 33182	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Maria L. Bueres MARIA L. BUERES, SECRETARY 4-12-07 305-559-2511 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			