2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N98000003065

Entity Name: ARMITAGE PLACE NO. 3 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

300 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/0 BLUE LEAF MANAGEMENT
P.O BOX 190239
MIAMI BEACH, FL 33119

New Mailing Address:

FEI Number: 65-1109092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARONE, JOHN
300 EUCLID AVE APT
#210
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CORSO, JONATHAN
Address: 300 EUCLID AVE #204
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete
Name: TAN, JENYLLE
Address: 300 EUCLID AVE #104
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete
Name: CRUZ, GODDY
Address: 300 EUCLID AVE #201
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete
Name: ROLAND, JORGE
Address: 300 EUCLID AVE # 210
City-St-Zip: MIAMI, FL 33139

Title: D ( ) Delete
Name: STOECKER, FRANK
Address: 300 EUCLID AVENUE # 103
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: JAMES, IDA
Address: 300 EUCLID AVE #205
City-St-Zip: MIAMI BEACH, FL 33139

Title: S (X) Change ( ) Addition
Name: NICHOLAS, GUNIA
Address: 300 EUCLID AVE #208
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JON CORSO PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date