

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003065

FILED
Apr 30, 2009
Secretary of State

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/O 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:

BLUE LEAF MANAGEMENT
601 COLLINS AVENUE
SUITE A
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: PD () Delete
Name: JON, CORSO
Address: 300 EUCLID AVE #214
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: FERNANDO, TIRADO
Address: 300 EUCLID AVE #107
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: REGINA, FRANCOIS
Address: 300 EUCLID AVE #102
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: DREW, LAUTER
Address: 300 EUCLID AVE # 206
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: T (X) Change () Addition
Name: MICHAEL, STINES
Address: 300 EUCLID AVE #105
City-St-Zip: MIAMI BEACH, FL 33139

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

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 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: JON CORSO

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date