**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000082448

1. Corporation Name

CRESTVIEW COMMUNITIES CORPORATION III

Principal Place of Business
7661 SW 146 STREET MIAMI FL 33158

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90203 045 \*\*\*150.00



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Principal Place of Business Mailing Address						4 SMASSMAL ISA (BASI SERIE MELLI MALLI			,,,
7661 SW 146 STREET 7661 SW 146 STREET									
MIAMI FL 33158	3	MIAMI FL 33	158			DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed			$\neg$
						09/23/1997			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	$\dashv$
21		— ·	26			65-0786643		Not Applicable	le
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				\$8.	75 Additional	コ
22		_ 27	27			5. Certificate of Status Desired	Ee	e.Required	
City & State	e	City & S	City & State			6. Election Campaign Financing		.00 May Be	\ \
23		28	28			Trust Fund Contribution Added to Fees			_
Zip	Country	·		_ Country	c. me corporate and according				
24	25	29	30	<u> </u>		Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Ag	ent	81	Name	10. Name and Address of New Registe	rea Agent		$\dashv$
GON	IZALEZ, JULIO J			6.	Name				
	SW 146 STREET		82 Street Add			ress (P.O. Box Number is Not Acceptable)			
	/II FL 33158			83					$\dashv$
ling.	W 1 E 00 130			83					
				84	City		FL 85	Zip Code	$\Box$
11 Durayant	to the provisions of Sections 607.05	02 and 607 1508	Florida Statutes	the above	a-named co	rooration submits this statement for the nurnos	se of changin	a its registered	$\dashv$
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such d	change was auth	norized by	the corpora	tion's board of directors. I hereby accept the a	ppointment a	as registered	
SIGNATURE									-
	Signature, typed or printed name of registered ag	ent and title if applicable.  ND DIRECTORS	(NOTE: Re	agistered Ager	nt signature requi	ADDITIONS/CHANGES TO OFFICER		CTORS IN 12	
12.	PD OFFICERS A		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO CITICEAU	[] Cha		_
	GOMEZ, OSCAR F			1.2 NAME			ب	ў <u> </u>	
NAME	12601 S W 143RD LANE				ADDRESS				
STREET ADDRESS	MIAMI FL 33186		•	1.4 CITY-\$					Ì
CITY-ST-ZIP TITLE	VSTD		DELETE	2.1 TITLE	1-217		Cha	ange 🔲 Additi	tion
NAME	GONZALEZ, JULIO J			2.2 NAME			_	_	- }
	7661 S.W 146TH STREET			2.3 STREE	CADDRESS				
STREET ADDRESS	MIAMI FL 33158			2.4 CITY-5					
CITY-ST-ZIP	WIAMI FE 33136		☐ DELETE	3.1 TITLE	11-21		Cha	ange	tion
NAME				3.2 NAME			<del></del> -	_	
STREET ADDRESS				3.3 STREE	ADDRESS				
CITY-ST-ZIP				3.4. CITY-5					
TITLE			DELETE	4.1 TITLE			☐ Cha	ange Addit	tion
NAME				4. 2 NAME					1
STREET ADDRESS				4.3 STREE	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	j				1
TITLE			DELETE	5.1 TITLE			□ Cha	ange	tion
NAME				5.2 NAME					- [
STREET ADDRESS				5.3 STREE	FADDRESS				- 1
CITY-ST-ZIP				5.4 CITY-S					
TITLE			☐ DELETE	6.1 TITLE	· · · · · · ·		Cha	ange	tion
NAME				6.2 NAME	Ì				
STREET ADDRESS				6.3 STREE	T ADDRESS				-
CITY-ST-ZIP				6.4 CITY-S	T- ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an alachment with an adartes, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED OF SIGNING OFFICER OR DIRECTOR

JULIO J. GONZALEZ 5

305-740-3242