# Entity Name: LAS BRISAS AT DORAL CONDOMINIUM NO. 3 ASSOCIATION, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

8000 NW 7 STREET 204 MIAMI, FL 33126

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## **Current Mailing Address:**

DOCUMENT# N0000004262

8000 NW 7 STREET 204 MIAMI, FL 33126 US

### FEI Number: 65-1030562

## Name and Address of Current Registered Agent:

RENOVATIONS PROPERTY MANAGEMENT 8000 NW 7 STREET 204 MIAMI, FL 33126 US Certificate of Status Desired: No

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.

| SIGNATI   | RE: LESTER VALDES                       |       |
|-----------|-----------------------------------------|-------|
|           | Electronic Signature of Registered Ager | nt    |
| Officer/D | rector Detail :                         |       |
| Title     | PD                                      | Title |
| Name      | MESA ANGELA                             | Name  |

| Title           | PD                      | Title           | TREASURER               |
|-----------------|-------------------------|-----------------|-------------------------|
| Name            | MESA, ANGELA            | Name            | CIFUENTES, WILLIAM      |
| Address         | 8000 NW 7 STREET<br>204 | Address         | 8000 NW 7 STREET<br>204 |
| City-State-Zip: | MIAMI FL 33126          | City-State-Zip: | MIAMI FL 33126          |
| Title           | SECRETARY               |                 |                         |
|                 |                         |                 |                         |
| Name            | CHACON, ALBERTO         |                 |                         |
| Name<br>Address |                         |                 |                         |

I hereby 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 all other like empowered.

SIGNATURE: MESA, ANGELA

PD

04/16/2018 Date

Electronic Signature of Signing Officer/Director Detail