


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 APR -9 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756146 1. Entity Name ROYAL PARK GARDENS CONDOMINIUM III ASSOCIATION, INC.	
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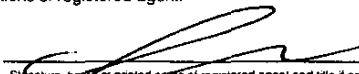
Principal Place of Business 1323 LYONS RD. COCONUT CREEK, FL 33063	Mailing Address 1323 LYONS RD. COCONUT CREEK, FL 33063
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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6. Name and Address of Current Registered Agent MESSER, THOMAS 1323 LYONS RD. COCONUT CREEK, FL 33063	7. Name and Address of New Registered Agent Name: <u>Staley + Otto, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2699 Stirling Road, #C-207</u> City: <u>Fort Lauderdale</u> FL Zip Code: <u>33312</u>
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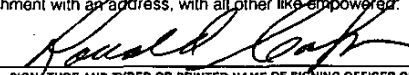
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Charles Otto, Esq 4/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAYMES, MIMI 6850 ROYAL PALM BLVD #211 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600123234286 04/14/08--01010--011 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAPOBIANCO, RON 6800 ROYAL PALM BLVD #205 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>P4/9</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JANT'ELIA, ANTHONY 6890 ROYAL PALM BLVD #108 MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD EMDE, RON 6800 ROYAL PALM BLVD #304 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>V.P.D.</u> <u>Harold Sandler</u> <u>6870 Royal Palm Blvd 208</u> <u>Margate Fl. 33063</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  Harold Sandler 3-21-08 954917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9226