

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2005
Secretary of State**

DOCUMENT# N01000008293

Entity Name: EAGLE RIDGE LAKES III, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 65-1158142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST DR 434
SUITE 5000
LONGWOOD, FL 32779 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: BARTLOW, MIKE
Address: 1404 EAGLE RIDGE LAKES DR #201
City-St-Zip: FORT MYERS, FL 33912

Title: VPD () Delete
Name: KING, PAUL
Address: 14040 EAGLE RIDGE LAKES DR #102
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: ZANNINI, BEN
Address: 14061 EAGLE RIDGE LAKES DR. #101
City-St-Zip: FORT MYERS, FL 33912

Title: TD () Delete
Name: FOSTER, JAY
Address: 14061 EAGLE RIDGE LAKES DR #201
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: WOODWARD, JIM
Address: 14031 EAGLE RIDGE LAKES DR #102
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: MYERS, HUBERT
Address: 14081 EAGLE RIDGE LAKES DR #101
City-St-Zip: FORT MYERS, FL 33912

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: MIKE BARTLOW

PD

04/05/2005

Electronic Signature of Signing Officer or Director

Date