


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N03104
 1. Entity Name
 TALBOT HOUSE III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 122 ANDREWS AVE.
 DELRAY BCH., FL 33483-4025

Mailing Address
 122 ANDREWS AVE.
 DELRAY BCH., FL 33483-4025

DO NOT WRITE IN THIS SPACE



04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-2451507

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TALBOT, RETTIG W.
 515 NW 12TH ST
 DELRAY BCH., FL 33444

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

060000117922
 04/19/04-80038-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	TALBOT, RETTIG W.
STREET ADDRESS	515 NW 12TH ST
CITY - ST - ZIP	DELRAY BCH., FL 33444
TITLE	DS
NAME	JONES, MOREL B.
STREET ADDRESS	122 ANDREWS AVE., #2
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	DP
NAME	LALKA, DONALD
STREET ADDRESS	122 ANDREW AVE # 1
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. 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 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 another like empowered.

SIGNATURE: Rettig W. Talbot **TREASURER** 4/14/04 5616947776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #