


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90292 040 ****61.25

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
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20019061



02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2451507	Applied For Not Applicable
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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

DO NOT WRITE IN THIS SPACE

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

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

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE: *Rettig Talbot* *RETTIG TALBOT* *3/2/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #