

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 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**



03092006 No Chg-NP CR2E037 (11/05)

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**

**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**

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, 2006**

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

000000472537  
 03/29/06-80040-018 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	

**DO NOT WRITE  
 IN THIS SPACE**

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:**

*Rettig W. Talbot*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/06*  
 DATE

Daytime Phone #