

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2009  
Secretary of State**

DOCUMENT# N06000001408

Entity Name: AMRIT RESIDENCES III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3100 NORTH OCEAN DRIVE  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

3100 NORTH OCEAN DRIVE  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

FEI Number: 20-8935211      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KAKKAR, YASH PAL  
4243-D NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410      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: DP      ( ) Delete  
Name: SNOW, ROBERT P  
Address: 4243-D NORTHLAKE BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DVP      ( ) Delete  
Name: DESAI, SNEHAL  
Address: 4243-D NORTHLAKE BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DST      ( ) Delete  
Name: KAKKAR, YASH PAL  
Address: 4243-D NORTHLAKE BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: YASH PAL KAKKAR

S

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date