

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33555

FILED
Mar 27, 2006
Secretary of State

Entity Name: THE RIVER'S III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 65-0344134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 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: D () Delete
Name: JONES, HARRY
Address: 4019 SE 20TH PL # 703
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: LUDWIG, ARNOLD
Address: 4019 SE 20TH PL # 602
City-St-Zip: CAPE CORAL, FL 33904

Title: PD () Delete
Name: HODES, STUART
Address: 4019 SE 20TH PLACE 703
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: CORNER, DONALD
Address: 4019 SE 20 PL #503
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: GODBY, DENNIS
Address: 4019 SE 20TH PL # 203
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: JONES, HARRY
Address: 4019 SE 20TH PL #801
City-St-Zip: CAPE CORAL, FL 33904

Title: TD (X) Change () Addition
Name: LUDWIG, ARNOLD
Address: 1108 WILLOW BRIDGE LN
City-St-Zip: MISHAWAKA, IN 46545

Title: D (X) Change () Addition
Name: SENESE, AL
Address: 4019 SE 20TH PLACE #303
City-St-Zip: CAPE CORAL, FL 33904

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

Title: PD (X) Change () Addition
Name: GODBY, DENNIS
Address: 4019 SE 20TH PL # 203
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS GODBY

PD

03/27/2006

Electronic Signature of Signing Officer or Director

Date