

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90211 027 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N48117</b> 1. Entity Name PLYMOUTH III CONDO ASSOCIATION, INC.					
Principal Place of Business 13 PLYMOUTH A WEST PALM BEACH, FL 33417-6731 US			Mailing Address SEACREST SERVICES, IN 2400 CENTRE PARK W. DR #175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1465245	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  TABAG, MONA 38 PLYMOUTH E WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name <b>JULIUS SILBINGER</b> Street Address (P.O. Box Number is Not Acceptable) <b>2400 CENTRE PARK WEST DR. #175</b> <b>WEST PALM BEACH</b> City <b>FL</b> Zip Code <b>33409</b>	
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 <b>2/29/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be          Added to Fees</b>	
<b>Make check payable to          Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP HELLER, SUSAN F 45 PLYMOUTH W. PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JULIUS SILBINGER 30 PLYMOUTH C WEST PALM BEACH, FL 33417	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARLMAN, ESTELLE 4 PLYMOUTH A WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT. JOSEPH ROBINSON 20 PLYMOUTH C WEST PALM BEACH, FL 33417	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBINSON, JOSEPHINE C-27 PLYMOUTH WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHAEL BERMAN 36 PLYMOUTH D WEST PALM BEACH, FL 33417	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP TABAG, MONA 38 PLYMOUTH E WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VICE PRES. STUART MORGAN 17 PLYMOUTH B WEST PALM BEACH, FL 33417	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAFFE, IRMA 34 PLYMOUTH D WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. DAVID PFEIFER 37 PLYMOUTH E WEST PALM BEACH, FL 33417	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNTEL, MARTIN 32 PLYMOUTH D WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			DATE: <b>2/29/08</b> DAYTIME PHONE: <b>917 846 8426</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE DAYTIME PHONE #</small>		

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