

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000049799

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** ISLAND HOSPITALITY MANAGEMENT III, INC.

**Current Principal Place of Business:**

50 COCOANUT ROW  
SUITE 200  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

50 COCOANUT ROW  
SUITE 200  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 27-2849675      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VPTS  
Name: POLLAK, ROGER A  
Address: 3712 CYPRESS LAKE DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VPAS  
Name: WALDT, JEFFREY  
Address: 4241 WELLINGTON SHORES DRIVE  
City-St-Zip: WELLINGTON, FL 33467

Title: CAS  
Name: BACHMAN, BARBARA A  
Address: 4127 CEDAR AVENUE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: AS  
Name: COHEN, PHILLIP M  
Address: 1726 ANNANDALE CIRCLE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA VOYARD

ACCT

03/29/2011

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

\_\_\_\_\_ Date