

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000007853

Entity Name: MY OTHER PLACE III CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5672 STRAND CT..
SUITE 1
NAPLES, FL 34110**Current Mailing Address:**16145 PERFORMANCE WAY
NAPLES, FL 34110 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DORRILL, W. NEIL
5672 STRAND CT. STE 1
NAPLES, FL 34110 US*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:** W. NEIL DORRILL**03/29/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RITCHIE, ALAN J.
Address	5672 STRAND CT.. SUITE 1
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	BASS, FRANKLIN
Address	5672 STRAND CT.. SUITE 1
City-State-Zip:	NAPLES FL 34110

Title	TREASURER
Name	KLOET, PETER
Address	5672 STRAND CT.. SUITE 1
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	EDWARDS, MICHAEL
Address	5672 STRAND CT.. SUITE 1
City-State-Zip:	NAPLES FL 34110

Title	SECRETARY
Name	KLOSTERMAN, JOHN
Address	5672 STRAND CT.. SUITE 1
City-State-Zip:	NAPLES FL 34110

Title	ASST. SECRETARY
Name	DORRILL, NEIL
Address	5672 STRAND CT. STE 1
City-State-Zip:	NAPLES FL 34110

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

SIGNATURE: NEIL DORRILL**ASSISTANT SECRETARY 03/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date