

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

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 719280 1. Entity Name TOWNSITE APARTMENTS III, INC.	
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Principal Place of Business 18 SOUTH O STREET, APT. 5B LAKE WORTH, FL 33460	Mailing Address 18 SOUTH O STREET, APT. 5B LAKE WORTH, FL 33460
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01072008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number 59-1323680	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUERIN, BETTY 18 SOUTH O STREET, APT. 5B LAKE WORTH, FL 33460
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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: <u>Betty Guerin</u> Signature, typed or printed name of registered agent and title if applicable	<u>BETTY GUERIN</u> (NOTE: Registered Agent signature required when reinstating)
	<u>JANUARY 10, 2008</u> DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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U000000782186 01/15/08-80063-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVP STAEBELL, STACY 18 SOUTH O STREET LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DADA, BRIAN 18 SOUTH O STREET LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERIN, BETTY 18 SOUTH O STREET LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Betty Guerin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>01/10/08</u> <u>(561) 588-6251</u> Date Daytime Phone #