## FILED Mar 02, 2007 8:00 am Secretary of State 03-02-2007 90013 031 \*\*\*\*61.25

2007	NO		PORT	OKA	IUN

Principal Place of Business 242 SANEED ROWE 242 SANEED ROWE 242 SANEED ROWE 243 SA14 US  CO CPM 170 OCCAN LANC DRIVE KEY BISCANNE, R. 33119  25. Principal Place of Business - No PO Box 4	1. Entity Nam	IVIEN I # 729894 ORIDA CLUB CONDOMIN	IUM, PHASE III, INC.			6. CUM &			
Suite, Apt. #, etc.	242 SEAVIE	N DRIVE	C/O CPM 170 OCEAN LANE DRIVE						
City & State  City & State Obstinct  C	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02222007 Chg	g-NP CR2E037 (12/06)			
Country	_City.&.Stat	e	City & State.	*		7			
CERTIFIED PROPERTY MANAGEMENT CORPORATION C/O ALBERTO COHEN 170 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149  City FL Zip Code  City FL Zip Cod	Zip	Country	Zip	Country	5. Certificate of Stal	tus Desired \$8.75 Additional			
CERTIFIED PROPERTY MANAGEMENT CORPORATION (7/O ALBERTO COHEN  KEY BISCAYNE, FL 33149  City  City  FL  City  City  FL  City  FL  City		6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered Agent			
SIGNATURE  Filing Fee is \$61.25     Due by May 1, 2007  OFFICERS AND DIRECTORS  OFFI-SER AUDRES  OFFI-SER AU	^			Name					
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. It am familiar with, and accept the obligations of registered agent. Signature agent are selected agent, or both, in the State of Florica. It am familiar with, and accept the obligations of registered agent. Signature agent are selected agent, or both, in the State of Florica. It am familiar with, and accept the obligations of registered agent. Signature agent are selected agent, or both, in the State of Florica. It am familiar with, and accept the obligations of registered agent. Signature agent are sequent a	C/O ALBE	RTO COHEN	TCORPORATION	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
B. 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    Signature hoed or omited name of registered agent and life if acceptable in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Title									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Filing Fee is \$61.25   Due by May 1, 2007   Date				City		FL Zip Code			
Due by May 1, 2007	the obligat	tions of registered agent.							
TITLE NAME PORTELA, BEATRIZ STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TITLE D SEAVIEW DR KEY BISCAYNE, FL 33149 TITLE NAME STRET ADDRESS CITY-ST-2P TITLE D SEAVIEW DR KEY BISCAYNE, FL 33149 TITLE NAME STRET ADDRESS CITY-ST-2P TITLE D SEAVIEW DR KEY BISCAYNE, FL 33149 TITLE D STRET ADDRESS CITY-ST-2IP TITLE D SEAVIEW DR KEY BISCAYNE, FL 33149 TITLE D STRET ADDRESS CITY-ST-2IP TITLE D SEAVIEW DR STRET ADDRESS CITY-ST-2IP TITLE D SEAVIEW DR STRET ADDRESS CITY-ST-2IP TITLE D SCANDONESS CITY-ST-2IP TITLE D STRET ADDRESS CITY-ST-2IP TITLE D SCANDONESS CITY-ST-2IP						DATE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE D SEAVIEW DR KEY BISCAYNE, FL 33149  DURHAM, BILL STREET ADDRESS CITY-ST-ZIP TITLE D ABBO, ROBERT 238 SEAVIEW DR KEY BISCAYNE, FL 33149  TITLE D STREET ADDRESS CITY-ST-ZIP  TITLE D SEAVIEW DR STREET ADDRESS CITY-ST-ZIP  TITLE D SEAVIEW DR STREET ADDRESS CITY-ST-ZIP  TITLE D SEAVIEW DR STREET ADDRESS CITY-ST-ZIP  TITLE D SCANDELS STREET ADDRESS CITY-ST-ZIP		<del>-</del>			\$5.00 May Be	Make check payable to			
NAME STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME ABBO, ROBERT STREET ADDRESS CITY-ST-ZIP REY BISCAYNE, FL 33149  TITLE DS GREET ADDRESS CITY-ST-ZIP NAME ABBO, ROBERT STREET ADDRESS CITY-ST-ZIP NAME ABBO, ROBERT STREET ADDRESS CITY-ST-ZIP NAME BACON, BELINDA STREET ADDRESS CITY-ST-ZIP NAME BACON, BELINDA STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME VENIZELAS, ARIETTA STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRE	10.	Due by May 1, 2007	Trust Fund Co	ontribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State			
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME BACON, BELINDA SIREET ADDRESS CITY-ST-ZIP  TITLE D SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE D SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE D SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  CHANGE Addition	TITLE NAME STREET ADDRESS	Due by May 1, 2007  OFFICERS AND DI  TD  PORTELA, BEATRIZ  236 SEAVIEW DR  KEY BISCAYNE, FL 33149	Trust Fund Co	ontribution.   11.  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State S TO OFFICERS AND DIRECTORS IN 10			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  D  D  Delete  TITLE  VENIZELAS, ARIETTA STREET ADDRESS CITY-S1-ZIP  TITLE  D  Delete  TITLE  NAME STREET ADDRESS CITY-S1-ZIP  TITLE  NAME STREET ADDRESS CITY-S1-ZIP  TITLE  D  Delete  TITLE  NAME STREET ADDRESS CITY-S1-ZIP  TITLE  D  Delete  TITLE  NAME STREET ADDRESS CITY-S1-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007  OFFICERS AND DI  TD PORTELA, BEATRIZ 236 SEAVIEW DR KEY BISCAYNE, FL 33149  PD DURHAM, BILL 2305 SEAVIEW DR KEY BISCAYNE, FL 33149	Trust Fund Co	Ontribution.  11.  TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State  \$ TO OFFICERS AND DIRECTORS IN 10  Change Addition			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DASS; LULIA STREET ADDRESS CITY-ST-ZIP  Delcte  Delcte NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP  KEY BISCAYNE, FL 33149  CHY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2007  OFFICERS AND DI  TD  PORTELA, BEATRIZ 236 SEAVIEW DR  KEY BISCAYNE, FL 33149  PD  DURHAM, BILL 2305 SEAVIEW DR  KEY BISCAYNE, FL 33149  D V P  ABBO, ROBERT 238 SEAVIEW DR	Trust Fund Co	ONITIONITION  11.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State  S TO OFFICERS AND DIRECTORS IN 10  Change Addition  Change Addition			
NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007  OFFICERS AND DI  TD PORTELA, BEATRIZ 236 SEAVIEW DR KEY BISCAYNE, FL 33149  PD DURHAM, BILL 2305 SEAVIEW DR KEY BISCAYNE, FL 33149  D V P ABBO, ROBERT 238 SEAVIEW DR KEY BISCAYNE, FL 33149  D S BACON, BELINDA 290 SEAVIEW DR	Trust Fund Co	ONITIBUTION.  ITTLE NAME STREET ADDRESS CITY-ST-ZTP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State  S TO OFFICERS AND DIRECTORS IN 10  Change Addition  Change Addition  Change Addition			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007  OFFICERS AND DI  TD PORTELA, BEATRIZ 236 SEAVIEW DR KEY BISCAYNE, FL 33149  PD DURHAM, BILL 2305 SEAVIEW DR KEY BISCAYNE, FL 33149  D V P ABBO, ROBERT 238 SEAVIEW DR KEY BISCAYNE, FL 33149  D S BACON, BELINDA 290 SEAVIEW DR KEY BISCAYNE, FL 33149  D VENIZELAS, ARIETTA 228 SEAVIEW DR KEY BISCAYNE, FL 33149	Trust Fund Co	ONITIOUTION.  TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State  S TO OFFICERS AND DIRECTORS IN 10  Change Addition  Change Addition  Change Addition			

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.