
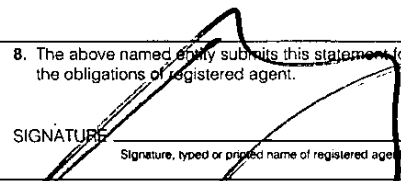
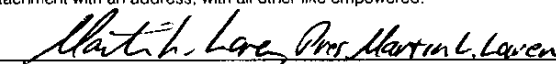


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90043 025 ****61.25

DOCUMENT # 739709 1. Entity Name OCEAN VILLAS III, INCORPORATED					
Principal Place of Business 2400 S. OCEAN DRIVE FT. PIERCE, FL 34949-5018			Mailing Address C/O ELLIOTT MERRILL MGMT 535 20TH PLACE VERO BEACH, FL 32960		
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	01242008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1779034				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MERRILL, KAREN L C/O ELLIOTT MERRILL COMM. MGMT. 535 20TH PLACE VERO BEACH, FL 32960			Becker & Poliakoff, PA. Street Address (P.O. Box Number is Not Acceptable) 625 N. FLAGLER DR., 7th Floor Bank of America Center City WEST PALM BCH FL Zip Code 33401		
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 			Peter C. Mollengard, Attorney (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOX, DONALD 2400 S. OCEAN DR. #V1114 FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOSEPH ZAVAC 2400 S. OCEAN DR. #V1224 FORT PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERWIN, MARLENE 2400 S. OCEAN DRIVE FT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LARRY PIERCE 2400 S. OCEAN DR. #V1033 FORT PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIFORE, MICHAEL 2400 S OCEAN DR. FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY ZAHM 2400 S. OCEAN DR. #V923 FORT PIERCE, FL 34949	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, THOMAS 2400 S. OCEAN DR #V-R26 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAVEN, MARTIN 2400 S. OCEAN DR #V1115 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADELA SZYMANSKI 2400 S OCEAN DR. # V1034 FORT PIERCE, FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEM, MARY 2400 S. OCEAN DR FORT PIERCE, FL 34949	<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: 			2/1/08 772 465-0025		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		