

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

[illegible]

<b>DOCUMENT # 740087</b>				<b>Secretary of State</b> 03-11-2005 90307 049 ****61.25			
1. Entity Name <b>BEACH VILLAS III CONDOMINIUM ASSOCIATION, INC.</b>							
Principal Place of Business <b>SOUTH SEAS PLANTATION RESORT PLANTATION ROAD CAPTIVA ISLAND, FL 33924 US</b>				Mailing Address <b>P. O. BOX 194 CAPTIVA ISLAND, FL 33924</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>SOUTH SEAS PLANTATION RESORT 5400 PLANTATION ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reregistering) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2005				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 BATTINA, SUSANNE 145 TWIN FARM DRIVE HANOVER, MA 02399	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DR MARKS, ALFRED 259 Gordon Place Freeport, NY 11520	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUVER, MARK 810 EMERALD CT LAFAYETTE, IN 47905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO HAREIS, LARRY 3457 DUNSBROOK DR Rochester Hills, MI 48309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IVAN, PAUL 7151 MARSH ROAD MARINE CITY, MI 48039	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STO Kelly, Charles 111 W Monroe Chicago, IL 60603-4080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVENGOOD, CHARLES 8717 RIDGE HILL DR. INDIANAPOLIS, IN 46217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Slous LAURENCE 250 Bellevue Ave Upper Mont Clair, MT 07043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARKS, ALFRED 2601 MERRICK AVE MERRICK, NY 11566	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stewart Leslie 23722 E River RD Grosse Isle, MI 48138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 exemption stated in Section 119.07(3)(i), 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 information.							
SIGNATURE: <u>Alfred W. Marks</u> NO 02/25/05							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							