


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90010 033 \*\*\*\*61.25

<b>DOCUMENT # 740087</b>	
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>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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	FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKS, ALFREDO DR 259 GORDON PLACE FREEPORT, NY 11520 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, LARRY <input checked="" type="checkbox"/> Delete 3457 DUNSBAR DR ROCHESTER, MI 48309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KELLY, CHALRES <input type="checkbox"/> Delete 111 W MUNROE CHICAGO, IL 606034080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOWS, LAURENCE <input type="checkbox"/> Delete 250 BELLEVUE AVE MONTCLAIR, NJ 07043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, LESLIE <input type="checkbox"/> Delete 23722 E RIVER ROAD GROSSE ILE, MI 48138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARKS, ALFREDO DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 259 Gordon PL FREEPORT, NY 11520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Kelly, Charles <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 W. Monroe Chicago IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Slows, Laurence <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 250 Bellevue Ave Montclair NJ 07043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stewart Leslie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23722 E. River Rd. Grosse Isle, MI 48138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stuebe David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15135 Long Hold Ridge Bristol, Va 24202

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: David C. Stuebe 3/21/06 276-619-4410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #