2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2007 8:00 am Secretary of State 01-16-2007 90203 005 ****61.25

DOCUMENT # 740087 1. Entity Name BEACH VILLAS III CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business SOUTH SEAS PLANTATION RESORT PLANTATION ROAD CAPTIVA ISLAND, FL 33924 US Mailing Address P. O. BOX 194 CAPTIVA ISLAND, FL 33924 CAPTIVA ISLAND, FL 33924			924				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032007 Ch	ng-NP CR2E037 (12/06)		
City & State .		City & State		4. FEI Number NOT APPLIC	CADIC 1	pplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Dosired \$8.75 At Fee Require		
6. Name and Address of Current Registered Agent		Registered Agent	N	7. Name and Addi	ress of New Registered Agent		
SOUTH SEAS PLANTATION RESORT			Name	Name			
5400 PLANTATION ROAD ATTN: ASSN. MGMT.			Street Address (P.O. Box Number is Not Acceptable)				
CAPTIVA ISLAND, FL 33924			City 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							
	named entity submits this statement to ions of registered agent.	or the purpose of changing its re	egistered office or re	egistered agent, or both, in	the State of Florida. I am familiar with	i, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) DATE							
····-	Signature, typed or printed name of registered agent	and little if applicable. (NOTE.	Registered Agent signature	required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	Make check payable Florida Department of S		
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Thereby 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: