


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90135 036 ****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 ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957		
2. Principal Place of Business - No P.O. Box # 711 TARPON BAY Rd		3. Mailing Address P.O. Box 100			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SANIBEL FLA		City & State SANIBEL, FL		4. FEI Number NOT APPLICABLE	
Zip 33957		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTH SEAS PLANTATION RESORT 5400 PLANTATION ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924		7. Name and Address of New Registered Agent Name STEVEN MACKESY Street Address (P.O. Box Number is Not Acceptable) 711 TARPON BAY Rd City SANIBEL FL Zip Code 33957			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PD MARKS, ALFRED DR 259 GORDEN PL FREEPORT, NY 11520	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IVAN PAUL 7151 Marsh Rd MARINE City, MI. 48039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KELLY, CHARLES 111 W MUNROE CHICAGO, IL 606034080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLOUS, LAURENCE 250 BELLEVUE AVE MONTCLAIR, NJ 07043	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEWART, LESLIE 23722 E RIVER RD GROSSE ILE, MI 48138	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Stewart, Leslie 23722 E. River Rd GROSSE ILE, MI 48138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST3 STUEBE, DAVID 15135 LONG HOLD RIDGE BRISTOL, VA 24202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 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 <u>Leslie Stewart</u> (Leslie T. Stewart) 14-Apr-08 (734) 783-1003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					