2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2006 8:00 am Secretary of State

DOCUMENT # 740866 1. Entity Name POINCIANA PLACE CONDOMINIUM ASSOCIATION III, INC.							01-19-	2006 90	069 03	86 ****6	1.25
C/O DENNIS P FLYNN, CPA 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467 US LAKE W			g Address DENNIS P FLYNN, CPA B VIA POINCIANA #13 WORTH, FL 33467 US								
2. Principal Place of Business 3. M			Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01052006	Chg-NP	•	CR2E03	7 (11/05)	
City & State		City & Star			4. FEI Numbe 59-189				-	pplied For ot Applicable	
Zip	Country	Country Zip Co		Country		5. Certificate	of Status D	esired		\$8.75 Ad Fee Require	
	6. Name and Address of Current t	Registered Ager	nt'-			-7. Name and	Address o	f New Reg	istered A	gent	
ELVNN DENNIS P				Name							
FLYNN, DENNIS P 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467				Street A	ddress (F	O. Box Number	er is Not Ac	ceptable)			
				City					FL	Zip Coo	le
	named entity submits this statement for ions of registered agent.	the purpose of o	changing its registe	ered office or	registere	ed agent, or bot	th, in the Sta	ate of Florid	la. I am f	amiliar with	and accept
SIGNATURE .	· · · · · · · · · · · · · · · · · · ·										ı
	Signature, typed or printed name of registered agent a	ind title if applicable.	(NOTE: Registr	ered Agent signati	ure required	when reinstating)			DATE		
	Filling Fee is \$61.25 Due by May 1, 2006	9. ((NOTE: Registr Election Campaign Trust Fund Contrib	n Financing		\$5.00 May B Added to Fees	ie		e check	payable i	
10.	Filing Fee is \$61.25	9. (Election Campaign Trust Fund Contrib	n Financing		\$5.00 May B		Florida	e check a Depart	ment of S	tate
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

fan 12, 2006

avtime Phone #