


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90030 023 ****61.25

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DOCUMENT # 744482			
1. Entity Name GREENGLADES CONDOMINIUM ASSOCIATION "III", INC.			
Principal Place of Business % CONDO MGMT. ALT., INC. 9365 W. SAMPLE ROAD #203-A CORAL SPRINGS, FL 33065		Mailing Address PO BOX 8506 POMPANO BEACH, FL 33075	
2. Principal Place of Business		3. Mailing Address P.O. BOX 8506	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CORAL SPRINGS, FL	
Zip	Country	Zip	Country
33065		33075	

01182005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2094733	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAATHOFF, NANCY % CONDO MGMT. ALT., INC. 9365 W. SAMPLE RD #203-A CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name CONDO MANAGEMENT ALTERNATIVE Street Address (P.O. Box Number is Not Acceptable) 9365 W. SAMPLE ROAD #203 City CORAL SPRINGS FL Zip Code 33065	
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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 Ronald Saathoff RONALD SAATHOFF 1/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 BROWN, GARY PO BX 8506 CORAL SPRINGS, FL 33065 <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 KOLP, CORNELIA PO BOX 8506 CORAL SPRINGS, FL 33075 <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	TD COHEN, ALAN PO BOX 8506 POMPANO BEACH, FL 33075 <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	SD TIRITILLI, SUSAN PO BOX 8506 POMPANO BEACH, FL 33075 <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 RUTKA, MARGE PO BOX 8506 POMPANO BEACH, FL 33075 <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 ALLENBER, LOUISE PO BOX 8506 CORAL SPRINGS, FL 33075 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D LIPPMAN, JOEL P.O. BOX 8506 CORAL SPRINGS, FL 33075	

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 empowered.

SIGNATURE: Susan A Tiritilli 954-752-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #