


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90033 018 ****61.25

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 CORAL SPRINGS, FL 33075	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CONDO MANAGEMENT ALTERNATIVE 9365 WEST SAMPLE ROAD #203 CORAL SPRINGS, FL 33065				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 _____ <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, 2006		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 BROWN, GARY PO BX 8506 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 8506 CORAL SPRINGS, FL 33075
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D CORAL SPRINGS, FL 33075
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD CORAL SPRINGS, FL 33075
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORAL SPRINGS, FL 33075
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPPMAN, JOEL PO BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					Date _____ Daytime Phone # 954-752-4796