

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751195

FILED
Apr 07, 2006
Secretary of State

Entity Name: SOUTH POINTE VILLAS CONDOMINIUM PHASE III, ASSOCIATION, INC.

Current Principal Place of Business:

% BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

C/O BENSON'S INC
12650 WHITEHALL DRIVE
FORT MYERS, FL 339073619

New Mailing Address:

FEI Number: 59-1973269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, MARK R
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GRASSO, NANCY
Address: 6300 SOUTH POINTE BLVD #312
City-St-Zip: FORT MYERS, FL 33919

Title: PD () Delete
Name: ADAMS, JULIUS
Address: 6300 SOUTHPOINTE BLVD. #335
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: KERKESNER, CHARLES
Address: 6300 SOUTH POINTE BLVD #319
City-St-Zip: FORT MYERS, FL 33919

Title: VD () Delete
Name: JENKINS, SARAH
Address: 6300 SOUTH POINTE BLVD., #332
City-St-Zip: FORT MYERS, FL 33919

Title: TD (X) Delete
Name: KRALL, KAY L
Address: 6300 SOUTH POINTE BLVD #311
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHARON, FRED
Address: 6300 SOUTH POINTE BLVD #325
City-St-Zip: FORT MYERS, FL 33919

Title: VSD (X) Change () Addition
Name: ROBINSON, CLAIR
Address: 6300 SOUTHPOINTE BLVD. #333
City-St-Zip: FORT MYERS, FL 33919

Title: TD (X) Change () Addition
Name: KERKESNER, DONNA
Address: 6300 SOUTH POINTE BLVD #319
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change () Addition
Name: JENKINS, SARAH
Address: 6300 SOUTH POINTE BLVD., #332
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED CHARON

PRES

04/07/2006

Electronic Signature of Signing Officer or Director

Date