

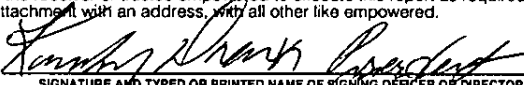


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90161 025 \*\*\*\*61.25

20055176

<b>DOCUMENT # 752393</b> 1. Entity Name <b>GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOCIATION III, INC.</b>					
Principal Place of Business <b>PHOENIX MANAGEMENT</b> <b>541 S STATE ROAD 7, #12</b> <b>MARGATE, FL 33068 US</b>			Mailing Address <b>PHOENIX MANAGEMENT</b> <b>4780 N. STATE ROAD 7 STE. E 250</b> <b>FORT LAUDERDALE, FL 33319 US</b> <b>LAUDERDALE LKS, FL 33319</b>		
2. Principal Place of Business <b>PHOENIX MGMT</b> Suite, Apt. #, etc. <b>4780 N. State Rd. 7-Ste E250</b>		3. Mailing Address Suite, Apt. #, etc. <b>4780 N. State Rd. 7-Ste E250</b>			
City & State <b>LAUDERDALE LAKES, FL</b>		City & State <b>LAUDERDALE LAKES, FL</b>		4. FEI Number <b>59-2066090</b>	
Zip <b>33319</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GOLDBERG, SHELDON</b> <b>PHOENIX MANAGEMENT</b> <b>4780 N. ST. RD. 7-STE. E250</b> <b>LAUDERDALE LAKES, FL 33319</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORDON, KENNETH M. 20558 NE 6TH CT N. MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUCK, ALBA 20612 NE 6TH CT N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, KIMBERLY 20586 NE 6TH COURT N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, Kimberly 20586 NE 6TH CT N. MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERDES, LYONEL 20550 NE 6TH CT N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD St. Surin, Nicholas 20544 NE 6TH CT N. MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICHOLAS, ST SURIN 20544 NE 6TH CT N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tony, Gloria 20608 NE 6TH CT N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVAK, ROBERT D 20584 NE 6TH CT NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tony, Gloria 20608 NE 6TH CT N. MIAMI BEACH, FL 33179	<input type="checkbox"/> Change <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>4/14/05</b> <b>954-640-7070</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					