

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 752393

FILED
Dec 21, 2006
Secretary of State

Entity Name: GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOCIATION III, INC.

Current Principal Place of Business:

PHOENIX MANAGEMENT
4780 N. STATE RD. 7 STE E250
FORT LAUDERDALE, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

PHOENIX MANAGEMENT
4780 N. STATE ROAD 7 STE. E 250
FORT LAUDERDALE, FL 33319 US

New Mailing Address:

FEI Number: 59-2066090 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOLDBERG, SHELDON
PHOENIX MANAGEMENT
4780 N ST RD 7 STE E250
FORT LAUDERDALE, FL 33319 US

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: SHELDON GOLDBERG

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ALBA, DUCCI
Address: 20612 NE 6TH CT
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: PD () Delete
Name: DIXON, KIMBERLY
Address: 20586 NE 6TH COURT
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: SD () Delete
Name: GERDES, LYONEL
Address: 20550 NE 6TH CT
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: VPD (X) Delete
Name: SUTTA, NICHOLAS
Address: 20544 NE 6TH CT
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: PD (X) Delete
Name: NOVAK, ROBERT D
Address: 20608 NE 6TH CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KIMBERLY DIXON

PD

12/21/2006

Electronic Signature of Signing Officer or Director

Date