FILED Apr 30, 2007 8:00 am Secretary of State

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4780 N. STATE RO. 7 STE E250 FOR TLAIDERDALE, FL 33319 US 2. Principe Piece of Business - No P.O. Box # 4800 N. State Rd. 7 Suite. Apr. 8 etc.	DOCUMENT # 752393 1. Entity Name GOLFWOOD OF THE CALIFORNIA CLUB HOMEOWNERS ASSOCIATION III, INC.									i-30-2007 90405 0)46 ****61.	
Suite, Apt. 4, etc. Suite, Ap	PHOENIX MANAGEMENT PHOENIX MANAGEMENT 4780 N. STATE RD. 7 STE E250 4780 N. STATE ROAD 7 S					7 STE. E				######################################		
City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Zip Country Zip Country Zip	2. Principal Place of Business - No P.O. Box #											
LALDERDALE LAKES FL S9-2066090 Not Applicable N	Suite, Apt.	#, etc.		<u> </u>	Suite, Apt. #, etc.				04102007 _C	hg-NP CR2E	037 (12/06)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addre		te				ikes	FL		4. FEI Number 59-206609	10	No	t Applicable
Name Sheldon Goldberg	Zip -	Country		333	Zip Cou 33319- U		L.S.				\$8.75 Additional Fee Required	
GOLDBERG, SHELDON PHOENIX MANAGEMENT 4780 N ST RD 7 STE E250 FORT LAUDERDALE, FL 33319 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 Rivida. I am familiar with, and accept the obligations of registered gent. SIGNATURE Signature or principles of princ		6. Name	and Address of Curren	t Registere	d Agent		Nama	<u> </u>			d Agent	-
FORT LAUDERDALE, FL 33319 Suite #105 City ChuceDALE LAKES FL Zip Code 33319 8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida. I am familiar with, and accept the colliquidors of registered algent, or both, in the State of Florida Department of State 10. FILITY STATE TO TO TO THE STATE TO TO TO THE STATE TO							\ \ \					
SIGNATURE Signature Fliming Fee is \$61.25 Due by May 1, 2007							Street Ac	ddress (F	5.0. Box Number is State Ra	Not Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Figrida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Software, tycked or purpoyshame or Replaces Sport and use if expelicable. (NOTE: Repaired Agent signature required when remaining) To Due by May 1, 2007 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME SIRRET ADDRESS ORT: ST-2P TILE DOBLER DIVENTS: 2P TILE SD OBLER N. MIAMI BEACH, FL 33179 TITLE SIRRET ADDRESS ORT: ST-2P N. MIAMI BEACH, FL 33179 TITLE SOER DESTRICT ADDRESS ORT: ST-2P N. MIAMI BEACH, FL 33179 TITLE SOER DESTRICT ADDRESS ORT: ST-2P TITLE NAME SIRRET ADDRESS ORT: ST-2P TITLE NAME SIRR							Su	ite	#105			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Continue							City	edal	-E LAKES	F	L Zip Code	19
SIGNATURE Sprillure, typed or primagnation of Required Spent and sine if applicable. Filling Fee is \$61.25	8. The above	named entit	y submits this statement f	or the purpo	se of changing its	registere	ed office or	register	ed agent, or both, in	the State of Florida. I ar	m familiar with,	and accept
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	N. MIAMI	BEACH, FL 33179		☐ Delete	CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	D 61 20 N	Novak, Romossum Romossum Ber cen Christing Ber 1610 ne 6th	bent cd. cd. cd. ft. 33179 nc ct cd. ft. 33179	Change	Addition
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