


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90405 046 \*\*\*\*61.25

<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 4780 N. STATE RD. 7 STE E250 FORT LAUDERDALE, FL 33319 US</b>	Mailing Address <b>PHOENIX MANAGEMENT 4780 N. STATE ROAD 7 STE. E 250 FORT LAUDERDALE, FL 33319 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>4800 N. State Rd 7</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite #105</b>

City & State <b>LAUDERDALE LAKES FL</b>	City & State <b>LAUDERDALE LAKES FL</b>
Zip <b>33319</b>	Country <b>U.S.</b>



04102007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2066090</b>	Applied For <input type="checkbox"/> Not Applicable
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 PHOENIX MANAGEMENT 4780 N ST RD 7 STE E250 FORT LAUDERDALE, FL 33319</b>	7. Name and Address of New Registered Agent Name <b>Sheldon Goldberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>4800 N. State Rd 7</b> <b>Suite #105</b> City <b>LAUDERDALE LAKES FL</b> Zip Code <b>33319</b>
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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 *Kimberly Dixon* (NOTE: Registered Agent signature required when reinstating) DATE **4/22/07**

<b>Filing Fee is \$61.25 Due by May 1, 2007</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 Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ALBA, DUCCI 20612 NE 6TH CT N. MIAMI BEACH, FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DIXON, KIMBERLY 20586 NE 6TH COURT N. MIAMI BEACH, FL 33179</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GERDES, LYONEL 20550 NE 6TH CT N. MIAMI BEACH, FL 33179</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mendez, Chriselene 20592 ne 6th ct. N. Miami Beach, fl. 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Novak, Robert 20584 ne 6th ct. N. Miami Beach, fl. 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Green, Christine 20610 ne 6th ct N. Miami Beach, fl. 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kimberly Dixon* DATE **4/22/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #