


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # 754637 1. Entity Name PINE KEY LODGE CONDOMINIUM III ASSOCIATION, INC.	
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Principal Place of Business 380 PINELLAS BAYWAY TIERRA VERDE, FL 33715 US	Mailing Address 6680 GULF BOULEVARD SAINT PETE BEACH, FL 33706-2128 US
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2166851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FORESTER, GAIL 380 PINELLAS BAYWAY E TIERRA VERDE, FL 33715

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000613841 02/06/07-80005-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FORESTER, GAIL 380 PINELLAS BAYWAY UNIT E SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DUBUC, LOU 1220 37TH AVE NE SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCABE, TRINA 380 PINELLAS BAYWAY UNIT A TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURKE, JAMES 380 PINELLAS BAYWAY, UNIT D TIERRA VERDE, FL 33715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: James P. Burke James P. Burke 01/20/2007 813 404 2529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #