2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# 754637

Entity Name: PINE KEY LODGE CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business:

380 PINELLAS BAYWAY
TIERRA VERDE, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

6680 GULF BOULEVARD
SAINT PETE BEACH, FL 337062128 US

New Mailing Address:

FEI Number: 59-2166851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORESTER, GAIL
380 PINELLAS BAYWAY
E
TIERRA VERDE, FL 33715 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	FORESTER, GAIL	
Address:	380 PINELLAS BAYWAY UNIT E	
City-St-Zip:	SAINT PETERSBURG, FL 33715	
Title:	TD	( ) Delete
Name:	DUBUC, LOU	
Address:	1220 37TH AVE NE	
City-St-Zip:	SAINT PETERSBURG, FL 33715	
Title:	D	( ) Delete
Name:	MCCABE, TRINA	
Address:	380 PINELLAS BAYWAY UNIT A	
City-St-Zip:	TIERRA VERDE, FL 33715	
Title:	D	( ) Delete
Name:	BURKE, JAMES	
Address:	380 PINELLAS BAYWAY, UNIT D	
City-St-Zip:	TIERRA VERDE, FL 33715	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: JAMES BURKE P 02/02/2009

Electronic Signature of Signing Officer or Director — Date