2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755835

FILED Feb 26, 2009 Secretary of State

Entity Name: POND APPLE PLACE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
TRANSCONTINENTAL PROPERTY MGMT							
1323 LYON COCONUT	S RD. CREEK, FL	33063	US				
Current Mailing Address:				New Mailing Address:			
TRANSCO	NTINENTAL PROPERTY MGMT						
1323 LYON			US				
FEI Number:	,		nber Applied For()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current F	Registered Agent:		Name and Address o	f New Registered Agent:	
KATZMAN GARFINKEL, P.A. 1501 N.W. 49TH ST. SUITE 202					CHERYL J.LEVIN, P.A. 4694 NW 103 AVENUE SUNRISE, FL 33351 US		
	RDALE, FL	33309 U	3		,		
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: CHERYL LEVIN 02/26/2009							
	Electro	nic Signat	ure of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (GREENBLATT 4166 NW 22NI COCONUT CR	D STREET	3309		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (HANDLEMAN, 4133 NW 22NI FORT LAUDER	D STREET	33309		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (GREENBLATT 4166 NW 22NI COCONUT CR	D ST	3066		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (GINSBERG, M 4073 NW 22NI COCONUT CR	D STREET			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	E (FELD, EVA 4169 NW 22NI COCONUT CR		3066		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ADELE GREENBLATT PD 02/26/2009