

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90037 050 ****61.25

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DOCUMENT # 756146 1. Entity Name ROYAL PARK GARDENS CONDOMINIUM III ASSOCIATION, INC.					
Principal Place of Business 1323 LYONS RD. COCONUT CREEK, FL 33063			Mailing Address 1323 LYONS RD. COCONUT CREEK, FL 33063		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2072363	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MESSER, THOMAS 1323 LYONS RD. COCONUT CREEKALE, FL 33063				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYMES, MIMI 6850 ROYAL PALM BLVD MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYMES, MIMI 6850 ROYAL PALM BLVD #211 MARGATE FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRUBERGER, HYMAN 6890 ROYAL PALM BLVD MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RON CAPOBIANCO 6800 ROYAL PALM BLVD #205 MARGATE, FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, ABRAMOWITZ 6890 ROYAL PALM BLVD MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANT'ELIA ANTHONY 6890 ROYAL PALM BLVD #108 MARGATE FL 33063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CERABONE, ANNE 6870 ROYAL PALM BLVD MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMDE, RON 6800 ROYAL PALM BLVD #304 MARGATE, FL 33063	
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	
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: _____ <i>Secretary</i> 5/8/07 954 917928 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					