2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756146

FILED Apr 07, 2009 Secretary of State

Entity Name: ROYAL PARK GARDENS CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1323 LYONS RD.

COCONUT CREEK, FL 33063

Current Mailing Address: New Mailing Address:

1323 LYONS RD. 6720 ROYAL PALM BLVD COCONUT CREEK, FL 33063 MARGATE, FL 33063

FEI Number: 59-2072363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRALEY & OTTO, P.A. 2699 STIRLING ROAD #C-207 FORT LAUDERDALE, FL 33312 US

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:

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Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: SD () Delete Ti

 Name:
 HAYMES, MIMI
 Name:
 LUPO, MARIE

 Address:
 6850 ROYAL PALM BLVD #211
 Address:
 6890 ROYAL PALM BLVD #306

City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063

Title: PD () Delete Title: VPD (X) Change () Addition

 Name:
 CAPOBIANCO, RON
 Name:
 BRECCIANO, FRANK

 Address:
 6800 ROYAL PALM BLVD #205
 Address:
 6870 ROYAL PALM BLVD #309

City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063

Title: TD () Delete Title: () Change () Addition

 Name:
 EMDE, RON
 Name:

 Address:
 6800 ROYAL PALM BLVD #304
 Address:

City-St-Zip: MARGATE, FL 33063 City-St-Zip:

 Title:
 VS
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 SANDLER, HAROLD
 Name:
 SANDLER, HAROLD

 Address:
 6879 ROYAL PALM BLVD 208
 Address:
 6879 ROYAL PALM BLVD 208

 City-St-Zip:
 MARGATE, FL 33063
 City-St-Zip:
 MARGATE, FL 33063

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: HAROLD SANDLER PD 04/07/2009