2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757549

FILED Jun 05, 2006 Secretary of State

Entity Name: THE VILLAS III HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3803 OLD RD 37 LAKELAND, FL 33813 US **Current Mailing Address: New Mailing Address: BOX 6782** LAKELAND, FL 338076782 US FEI Number: 59-2665242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BEUTH, RICHARD RICHARD, LUDDEN 554 LAKE MYSTIC LANE 533 LAKE CAROLYN CIR LAKELAND, FL 33813 LAKELAND, FL 33813 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: RICHARD LUDDEN 06/05/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BUTLER, GLORIA Name: Name: Address: 439 LAKE CAROLYN CIR Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: () Delete Title: () Change () Addition BLACKBURN, DEAN Name: Name: Address: 532 LAKE CAROLYN CIR Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: () Delete Title: (X) Change () Addition BEUTH, RICHARD Name: RICHARD, LUDDEN Name: 544 LAKE MYSTIC LANE 533 LAKE CAROLYN CIRCLE Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 Title: () Delete Title: () Change () Addition PLANK, NORMA Name: Name: 624 LAKE CAROLYN CIR Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: Title: Title: () Delete () Change () Addition CAMERON, DAVE Name: Name: 664 LAKE CAROLYN CIR Address: Address: LAKELAND, FL 33813 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVE CAMERON T 06/05/2006