

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90018 046 \*\*\*\*61.25

<b>DOCUMENT # 760242</b> 1. Entity Name <b>SUN LAKES PROPERTY OWNERS' ASSOCIATION III, INC.</b>					
Principal Place of Business <b>1803 COLUMBINE PL P.O. BOX 5241 SUN CITY CENTER, FL 33571 US</b>			Mailing Address <b>P.O. BOX 5241 SUN CITY CENTER, FL 33571 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2405766</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MACDONALD, RICHARD G 1803 COLUMBINE PL SUN CITY CENTER, FL 33573</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
DATE			DATE		
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAYLOR, KENNETH</b> <b>1502 CLOISTEN DR</b> <b>SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MARIE WILMOUTH</b> <b>1807 BUTTERFLY PLACE</b> <b>SUN CITY CENTER, FL 33573</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MACDONNELL, RICHARD F</b> <b>1803 COLUMBINE PL</b> <b>SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VALERIE LIOTTA</b> <b>1828 N. PEBBLE BEACH</b> <b>SUN CITY CENTER, FL 33573</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MUELLER, EUGENE T.</b> <b>1816 COLUMBINE PL.</b> <b>SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERT OLSON</b> <b>1834 N. PEBBLE BEACH</b> <b>SUN CITY CENTER, FL 33573</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SMITH, HARRY</b> <b>1810 COLUMBINE PL</b> <b>SUN CITY CENTER, FL 33573</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAROL OLSON</b> <b>1834 N. PEBBLE BEACH</b> <b>SUN CITY CENTER, FL 33573</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Richard G. MacDonnell</i> <b>RICHARD G. MACDONNELL</b> <i>1/28/2005</i> <b>813-633-9242</b>					