# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 06, 2006 8:00 am**
**Secretary of State**
02-06-2006 90051 048 ****61.25

DOCUMENT # 760242

1. Entity Name
SUN LAKES PROPERTY OWNERS' ASSOCIATION III, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1803 COLUMBINE PL<br>P.O. BOX 5241<br>SUN CITY CENTER, FL 33571 US | P.O. BOX 5241<br>SUN CITY CENTER, FL 33571 US |

01052006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2405766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MACDONALD, RICHARD G<br>1803 COLUMBINE PL<br>SUN CITY CENTER, FL 33573 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | D<br>TAYLOR, KENNETH<br>1502 CLOISTEN DR<br>SUN CITY CENTER, FL 33573 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MACDONNELL, RICHARD F<br>1803 COLUMBINE PL<br>SUN CITY CENTER, FL 33573 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>OLSON, ROBERT<br>1834 N. PEBBLE BEACH<br>SUN CITY CENTER, FL 33573 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FONTECHIO, STEPHEN<br>1822 COLUMBINE PL<br>SUN CITY CENTER FL 33573 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>OLSON, CAROL<br>1834 N. PEBBLE BEACH<br>SUN CITY CENTER, FL 33573 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>O'DONNELL HAROLD<br>1817 BUTTERFLY PL<br>SUN CITY CENTER FL 33573 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WILMOUTH, MARIE<br>1807 BUTTERFLY PLACE<br>SUN CITY CENTER, FL 33573 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LIOTTA, VALERIE<br>1828 N. PEBBLE BEACH<br>SUN CITY CENTER, FL 33573 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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:** Richard G MacDonnell 2/2/2006 813-633-9242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #