


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90021 032 \*\*\*\*61.25

<b>DOCUMENT # 760242</b>					
<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 - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2405766	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<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</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL Zip Code</span>		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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	D TAYLOR, KENNETH 1502 CLOISTEN DR SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACDONNELL, RICHARD F 1803 COLUMBINE PL SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTECHIO, STEPHEN 1822 COLUMBINE PL SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DONNELL, HAROLD 1817 BUTTERFLY PL SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILMOUTH, MARIE 1807 BUTTERFLY PLACE SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIOTTA, VALERIE 1828 N. PEBBLE BEACH SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete			
<b>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.</b>			<b>SIGNATURE:</b> <i>Richard F MacDonnell</i> <b>RICHARD F MACDONNELL</b> <span style="float: right;">813-633-9242</span>		