

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90725 013 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                        |                                                                                              |                                                                                                                                      |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 761285</b><br>1. Entity Name<br><b>S.L. CONDOMINIUM ASSOCIATION III, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                                                                        |                                                                                              |                                                     |                                                                              |
| Principal Place of Business<br><b>622 SPG LAKES BLVD.<br/>BRADENTON FL 34210<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                        | Mailing Address<br><b>MA-CON<br/>2198 PRINCETON STREET, #20<br/>SARASOTA FL 34237<br/>US</b> |                                                                                                                                      |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |                                                                                                                        | 3. Mailing Address<br>Suite, Apt. #, etc.                                                    |                                                                                                                                      |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                                                        | City & State                                                                                 |                                                                                                                                      |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | Country                                                                                                                |                                                                                              | Zip                                                                                                                                  |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | Country                                                                                                                |                                                                                              | 4. FEI Number <b>59-2254691</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                   |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                                        |                                                                                              | MOORE CR2E037 (11/03)                                                                                                                |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>WEIL, WARREN<br/>2198 PRINCETON STREET, STE. 20<br/>SARASOTA FL 34237</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                                                        |                                                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                        |                                                                                              |                                                                                                                                      |                                                                              |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                              | <b>Make Check Payable to<br/>Florida Department of State</b>                                                                         |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                        |                                                                                                                                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>BRUNNER, CARL<br>627 SPRING LAKES BLVD.<br>BRADENTON FL 34210    | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | D                                                                                                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>GILLIS, GARY<br>609 SPRING LAKES BLVD.<br>BRADENTON FL 34210     | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | V/D                                                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>AHLGREN, DONALD<br>622 SPRING LAKES BLVD.<br>BRADENTON FL 34210  | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | S/D                                                                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br>BENJAMIN, ROBERT<br>618 SPRING LAKES BLVD<br>BRADENTON FL 34210 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | T/D<br>Connors, Frederick                                                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>CONNORS, FRELAND<br>613 SPRING LAKES BLVD.<br>BRADENTON FL 34210  | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | S/D                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>CONNORS, FRELAND<br>613 SPRING LAKES BLVD.<br>BRADENTON FL 34210  | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                               | S/D                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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> <u>Donald W. Ahlgren, President</u> <u>DONALD W. AHLGREN</u> <u>15/04</u> <u>(941) 366-8480</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                                                        |                                                                                              |                                                                                                                                      |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                                        |                                                                                              |                                                                                                                                      |                                                                              |