## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#765193** 

FILED Feb 27, 2006 Secretary of State

Entity Name: INVERNESS CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2180 W SI STE 5000	R 434				
	OD, FL 32779	US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2180 W SI	R 434				
STE 5000	OD, FL 32779	US			
El Number	: 59-2417882	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
SENTŔY I 2180 W SI	MES W JR MANAGEMENT R 434 STE 500 OD, FL 32779	0			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTO	
itle:	PD ()	Delete	Title:	() Change () Addition	
_					
	ANDERSON, EL		Name: Address:		
\ddress:		/SIDE BLVD #6301	Name: Address: City-St-Zip:		
Address: City-St-Zip:	2587 COUNTRY CLEARWATER,	/SIDE BLVD #6301	Address:	()Change ()Addition	
Address: City-St-Zip: Title: Name:	2587 COUNTRY CLEARWATER, VPD ( ) WORTHERN, M	/SIDE BLVD #6301 , FL 33761 Delete JARGARET A	Address: City-St-Zip: Title: Name:	()Change ()Addition	
Address: Dity-St-Zip: Title: Jame: Address:	2587 COUNTRY CLEARWATER, VPD () WORTHERN, M 2591 COUNTRY	/SIDE BLVD #6301 , FL 33761 Delete IARGARET A /SIDE BLVD #5212	Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	
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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: EDITH ANDERSON PD 02/27/2006