

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:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2417882 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, EDITH M
Address: 2587 COUNTRYSIDE BLVD #6301
City-St-Zip: CLEARWATER, FL 33761

Title: VPD () Delete
Name: WORTHERN, MARGARET A
Address: 2591 COUNTRYSIDE BLVD #5212
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: BJORGVINSSON, JON
Address: 2587 COUNTRYSIDE BLVD #6311
City-St-Zip: CLEARWATER, FL 33761

Title: SD () Delete
Name: HAMM, VICTORIA
Address: 2591 COUNTRYSIDE BLVD #5306
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Delete
Name: ROTH, JAMES T
Address: 31 BOLAND RD
City-St-Zip: BINGHAMTON, NY 13905

Title: D () Delete
Name: LUZADDER, GLADYS
Address: 2587 COUNTRYSIDE BLVD #6303
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date