2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765193

FILED Apr 07, 2008 Secretary of State

Entity Name: INVERNESS CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US FEI Number: 59-2417882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD, FL 32779 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ANDERSON, EDITH M Name: Name: 2587 COUNTRYSIDE BLVD #6301 Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: Title: () Delete Title: () Change () Addition GORSKI, JANET Name: Name: Address: 2591 COUNTRYSIDE BLVD #5210 Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition VECCHIOLLA, LEE HELEK, JEAN Name: Name: 2587 COUNTRYSIDE BLVD #6312 2587 COUNTRYSIDE BLVD #6201 Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761 Title: SD () Delete Title: (X) Change () Addition Name: HAMM, VICTORIA Name: HAMM, VICTORIA 2591 COUNTRYSIDE BLVD #5306 2591 COUNTRYSIDE BLVD #5306 Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761 Title: () Delete Title: (X) Change () Addition GUION, DIANE GUION, DIANE Name: Name: 2591 COUNTRYSIDE BLVD #5108 2591 COUNTRYSIDE BLVD #5108 Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify 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 M ANDERSON PD 04/07/2008