# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 22, 2011**
**Secretary of State**

DOCUMENT# N01000000519

**Entity Name:** THE DUNES OF NAPLES III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

BENSON'S KT - C/O ASSOCIA
5401 N CENTRAL EXPWY STE 300
DALLAS, TX 75205

**New Principal Place of Business:**

**Current Mailing Address:**

BENSON'S KT
3050 HORSESHOE DR N STE 275
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number: 59-3696845** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENSON'S KT
3050 HORSESHOE DR N STE 275
NAPLES, FL 34104 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: DP
Name: SCHAEFER, BILL
Address: 325 DUNES BLVD. #301
City-St-Zip: NAPLES, FL 34110

Title: DVP
Name: SCIUK, GEORGE
Address: 325 DUNES BLVD #205
City-St-Zip: NAPLES, FL 34110

Title: DT
Name: THYEN, JOHN
Address: 325 DUNES BLVD #702
City-St-Zip: NAPLES, FL 34110

Title: DS
Name: PARDO-CALIJONE, MARIA
Address: 325 DUNES BLVD #503
City-St-Zip: NAPLES, FL 34110

Title: D
Name: COMMERS, PAT
Address: 325 DUNES BLVD. #901
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: BILL SCHAEFER P 03/22/2011

Electronic Signature of Signing Officer or Director — Date