

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 11, 2010
Secretary of State**

DOCUMENT# N01000003566

Entity Name: CASA MARINA III CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O INTEGRATED PROPERTY MGMT
5020 TAMiami TR NORTH, STE 206
NAPLES, FL 34103 US**New Principal Place of Business:**C/O ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919 US**Current Mailing Address:**C/O INTEGRATED PROPERTY MGMT.
5020 TAMiami TR NORTH, STE 206
NAPLES, FL 34103**New Mailing Address:**C/O ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD. STE. 200
FT. MYERS, FL 33919 US**FEI Number:** 59-3723108**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MANGUM, JEFF
4321 BAY BEACH LANE
#654
FORT MYERS, FL 33931 US**Name and Address of New Registered Agent:**ALLIANT PROPERTY MANAGEMENT LLC
6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919 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: JOHN M. STROHM

06/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: FRIEDEL, ROBERT
Address: 4311 BAY BCH LANE 712
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DST
Name: SHARPE, NEIL
Address: 4311 BAY BEACH LANE #742
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DP
Name: JACKOWSKI, LORRAINE
Address: 2538 RIO PALERMO CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: DVP
Name: BERGERON, WILLIAM
Address: 13886 STEEPLEVIEW LANE
City-St-Zip: EVERGREEN, CO 80439

Title: D
Name: MANGUM, JEFF
Address: 4321 BAY BCH LN 654
City-St-Zip: FORT MYERS BEACH, FL 33931

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: LORRAINE JACKOWSKI

DP

06/11/2010

Electronic Signature of Signing Officer or Director

Date