


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90059 019 \*\*\*\*61.25

<b>DOCUMENT # N03000005247</b>	
1. Entity Name <b>GRAND CYPRESS III CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>P &amp; M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912</b>	Mailing Address <b>P &amp; M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912</b>
2. Principal Place of Business - No P.O. Box #	



Suite, Apt. #, etc.	01092007 Chg-NP CR2E037 (12/06)	
City & State	City & State	4. FEI Number <b>03-0521962</b>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>SAPP, PAUL P &amp; M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul L Sapp* DATE 3-13-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR, CONNIE 3485 GRAND CYPRESS DRIVE # 102 NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, DAVID 3415 GRAND CYPRESS DRIVE # 101 NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>House, Judy</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3475 Grand Cypress Dr. #101 Naples, FL 34119</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM LOWRNAN, GLYNNIS 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sullivan, Leonard</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3435 Grand Cypress Dr. #201 Naples, FL 34119</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie O'Connor* DATE 3-7-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR