

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005247

FILED
Apr 06, 2009
Secretary of State

Entity Name: GRAND CYPRESS III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P & M PROPERTY MANAGEMENT
14360 S. TAMiami TrL., UNIT B
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

P & M PROPERTY MANAGEMENT
14360 S. TAMiami TrL., UNIT B
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 03-0521962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, PAUL
C/O P & M PROPERTY MANAGEMENT
14360 S. TAMiami TrL., UNIT B
FORT MYERS, FL 33912 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: O'CONNOR, CONNIE
Address: 3485 GRAND CYPRESS DRIVE # 102
City-St-Zip: NAPLES, FL 34119

Title: ASM () Delete
Name: SULLIVAN, LEONARD
Address: 3435 GRAND CYPRESS DR., 29
City-St-Zip: NAPLES, FL 34119

Title: S (X) Delete
Name: WITHAM, JOY
Address: 14360 S TAMiami TrL UNIT B
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'CONNOR, CONNIE
Address: 14360 S. TAMiami TrAIL, UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: VP/S (X) Change () Addition
Name: SULLIVAN, LEONARD
Address: 14360 S. TAMiami TrAIL, UNIT B
City-St-Zip: FORT MYERS, FL 33912

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

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: PAUL L. SAPP

CAM

04/06/2009

Electronic Signature of Signing Officer or Director

Date