2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # N0300008736 1. Entity Name LYONS TECH III CONDOMINIUM ASSOCIATION, INC.					0:	5-03-2005 9	0084 027 ****6	51.25	
Principal Place of Business 1096 EAST NEWPORT CENTER DRIVE SUITE 100 DEERFIELD BEACH, FL 33442 Mailing Address 1096 EAST NEWPORT CI DEERFIELD BEACH, FL 3				DRIVE SUITE 10	0				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 Cr	ng-NP	CR2E037 (10/03)			
City & State		City & State		4. FEI Number 76-075064	3	— —	pplied For ot Applicable		
Zip Country		Zip Country		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
HABER, ROBERT M				Name					
520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131				Street Address	Address (P.O. Box Number is Not Acceptable)				
							1 = 2 = 2		
				City	FL Zip Code				
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office or registe	ered agent, or both, in	the State of Florid	da. I am familiar with	, and accept	
SIGNATURE									
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature require	ed when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2005	9. Election Carr Trust Fund C	npaign Fi	nancing	\$5.00 May Be Added to Fees		DATE Ke check payable to Department of S		
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Carr Trust Fund C	npaign Fi	nancing	\$5.00 May Be	Florid	ce check payable to be a Department of S	itate	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Carr Trust Fund C	npaign Fi Contribution	nancing on.	\$5.00 May Be Added to Fees	Florid	ce check payable to be a Department of S	itate	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF PD BUTTERS, MALCOLM	9. Election Carr Trust Fund C	npaign Fi Contribution 11.	nancing on.	\$5.00 May Be Added to Fees	Florid	ce check payable a Department of S	N 10	
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF PD BUTTERS, MALCOLM 1096 EAST-NEWPORT CENTER DEERFIELD BEACH, FL 33442	9. Election Carr Trust Fund C	npaign Fi Contribution 11. TITLE NAME	nancing on.	\$5.00 May Be Added to Fees	Florid	ce check payable a Department of S	N 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF PD BUTTERS, MALCOLM 1096 EAST-NEWPORT CENTER DEERFIELD BEACH, FL 33442 VD	9. Election Carr Trust Fund C	11. ITTLE NAME CITY-	nancing on. ET ADORESS ST-ZIP	\$5.00 May Be Added to Fees	Florid	ce check payable a Department of S	N 10	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF PD BUTTERS, MALCOLM 1096 EAST-NEWPORT CENTER DEERFIELD BEACH, FL 33442	9. Election Carr Trust Fund C RECTORS PROTECTORS RECTORS PROTECTOR Delete	11. ITILE NAME CITY- ITILE NAME NAME	nancing on. ET ADORESS ST-ZIP	\$5.00 May Be Added to Fees	Florid	ke check payable to be a Department of SE AND DIRECTORS IF	State N 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF PD BUTTERS, MALCOLM 1096 EAST-NEWPORT CENTER DEERFIELD BEACH, FL 33442 VD BUTTERS, MARK 1096 EAST NEWPORT CENTER DEERFIELD BEACH, FL 33442	9. Election Can Trust Fund C RECTORS R	npaign Fi contribution 11. TITLE NAME STREE CITY- TITLE NAME STREE	nancing on. ET ADORESS ST-ZIP	\$5.00 May Be Added to Fees	Florid	ke check payable to be a Department of SE AND DIRECTORS IF	State N 10 Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 appopulated.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (954) 570-8/11 Date Dayone Prone #