


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90254 009 ****61.25

DOCUMENT # N03000008736					
1. Entity Name LYONS TECH III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE #100 COCONUT CREEK, FL 33073			Mailing Address 6820 LYONS TECHNOLOGY CIRCLE #100 COCONUT CREEK, FL 33073		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 76-0750643	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HABER, ROBERT M 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131				Name Malcolm Butters Street Address (P.O. Box Number is Not Acceptable) 6820 Lyons Technology Circle Suite 100 City Coconut Creek FL 33073	
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 				Malcolm Butters 4/2/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUTTERS, MARK <input checked="" type="checkbox"/> Delete		NAME	Zohar Mantzour	
STREET ADDRESS	6820 LYONS TECH CIRCLE, #100		STREET ADDRESS	4800 Lyons Technology Parkway Suite 1	
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	PD <input type="checkbox"/> Delete		TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUNO, STEVEN		NAME	Stephen Bruno	
STREET ADDRESS	4800 LYONS TECHNOLOGY PKWY STE 4		STREET ADDRESS	4800 Lyons Technology Pkwy #4	
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANTZ, JEFF		NAME		
STREET ADDRESS	4900 LYONS TECHNOLOGY PKWY STE 6		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33073		CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAGEN, RICARDO		NAME		
STREET ADDRESS	4800 LYONS TECHNOLOGY PKWY STE 6		STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an other like empowered.					
SIGNATURE: 			Stephen Bruno 4/2/07 954-419-1008x123 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		