## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03846

FILED Jan 27, 2006 Secretary of State

Entity Name: DUNEDIN SCOTSDALE VILLA III ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	FFS CIRCLE I, FL 34698			
Current Mailing Address:		New Mailing Address:		
PO BOX 2		ANAGEMENT, INC		
FEI Numbe	r: 59-2426570	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )
Name an	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
1351 BLU DUNEDIN The above	e named entity s	US submits this statement for the	purpose of changing	its registered office or registered agent, or both,
n the Stat	te of Florida.			
SIGNATU		ic Signature of Pegistered Ag	ent	
	Electron	ic Signature of Registered Ag		Date  Date
OFFICER	Electron	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR
	Electron  S AND DIREC  TD ()  JEFFERS, LOIS 1113 TARRIDO	TORS:  Delete S N CT.		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron  S AND DIREC  TD () JEFFERS, LOIS 1113 TARRIDO DUNEDIN, FL 3  SD () SHOWALTER, 6 1120 TARRIDO	Delete S N CT. 34698 Delete CAROLE N CT	ADDITION Title: Name: Address:	IS/CHANGES TO OFFICERS AND DIRECTOR
<b>OFFICER</b> Title: Name: Address:	Electron  SS AND DIREC  TD () JEFFERS, LOIS 1113 TARRIDO DUNEDIN, FL 3  SD () SHOWALTER, 6 1120 TARRIDO DUNEDIN, FL 3  D () HAARZ, MARTH 1140 CASTLEN	Delete S N CT. 84698  Delete CAROLE N CT 84698  Delete IA	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	D (X) Change ( ) Addition  D (X) Change ( ) Addition  LEON, DORIS 1119 TARRIDON CT
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I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS CISTERNA P 01/27/2006