

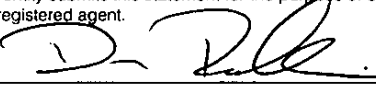
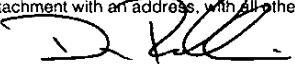


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90005 029 ****61.25

DOCUMENT # N04000002862 1. Entity Name LAUREL GREENS CONDOMINIUM ASSOCIATION III, INC.					
Principal Place of Business 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912			Mailing Address 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912		
2. Principal Place of Business 12734 Kenwood Ln.		3. Mailing Address 12734 Kenwood Ln.			
Suite, Apt. #, etc. Suite 49		Suite, Apt. #, etc. Suite 49		05022005 Chg-NP CR2E037 (10/03)	
City & State Ft. Myers, FL		City & State Ft. Myers FL		4. FEI Number 56-2454650	
Zip 33907		Zip 33907		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name Tropical Isler Management Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln., #49 City Ft. Myerr FL Zip Code 33907	
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  Don Roedding 5/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SPECTOR, GAIL 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	<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	VPD MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	<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	STD BURNS, ALAN R 10481 SIX MILE CYPRESS PKWY FT. MYERS, FL 33912	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ASM Don Roedding 12734 Kenwood Lane Ft. Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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 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 empowered.					
SIGNATURE:  Don Roedding 5/02/05 (239) 939-2559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					