


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90291 021 ****61.25

DOCUMENT # N04000006213	
1. Entity Name GARDEN LAKES AT COLONIAL SECTION III CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435 10TH ST N, #201 NAPLES, FL 34103	Mailing Address C/O INTEGRATED PROPERTY MGMT 3435 10TH ST N, #201 NAPLES, FL 34103
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04052006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-1305299	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHIELDS, CHRISTOPHER J 1833 HENDRY ST P.O. BOX 1507 FORT MYERS, FL 33902		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 HAGEN, KATHY <input checked="" type="checkbox"/> Delete 10128 COLONIAL COUNTRY CLUB BLVD, #606 FORT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Cucchi, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10128 Colonial C.C. Blvd. #607 Ft. Myers, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OWEN, RUSSELL <input checked="" type="checkbox"/> Delete 10121 COLONIAL COUNTRY CLUB BLVD, #1807 FORT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Joslin, Greg <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10124 Colonial C.C. Blvd. #506 Ft. Myers, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FISCHER, FRED <input checked="" type="checkbox"/> Delete 10121 COLONIAL COUNTRY CLUB BLVD, #1810 FORT MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Hagen, Kathy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10128 Colonial C.C. Blvd. #606 Ft. Myers, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathy Hagen

4/14/06 239-332-0212