

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90029 036 ****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			
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 20-1305299	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2008		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUCCHI, ROBERT		NAME		
STREET ADDRESS	10128 COLONIAL C.C. BLVD #607		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSLIN, GREG		NAME	Addison, Joyce	
STREET ADDRESS	10124 COLONIAL C.C. BLVD. #506		STREET ADDRESS	10128 Colonial C.C. Blvd. #610	
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	Ft. Myers, FL 33913	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUSSER, ROSE		NAME	Martone, Louis	
STREET ADDRESS	10119 COLONIAL C.C. BLVD., #1902		STREET ADDRESS	10128 Colonial C.C. Blvd. #608	
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	Ft. Myers, FL 33913	
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
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 all other like empowered.					
SIGNATURE: <i>Robert Cuchi</i>		3/20/08 (630) 539-8059			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	