2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N04000006389

Entity Name: BISHOPWOOD EAST III OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MGMT
12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 54-2160671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KERSHAW, JAMES
Address: 3989 BISHOPWOOD CT E #206
City-St-Zip: NAPLES, FL 34114

Title: T ( ) Delete
Name: STOREY, NORM
Address: 3996 BISHOPWOOD CT E #206
City-St-Zip: NAPLES, FL 34114

Title: S ( ) Delete
Name: BRYAN, MICHAEL
Address: 3696 BISHOPWOOD CT E #102
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KERSHAW, JAMES
Address: 3989 BISHOPWOOD CT E #206
City-St-Zip: NAPLES, FL 34114

Title: VP (X) Change ( ) Addition
Name: STOREY, NORM
Address: 3996 BISHOPWOOD CT E #206
City-St-Zip: NAPLES, FL 34114

Title: ST (X) Change ( ) Addition
Name: BRYAN, MICHAEL
Address: 3696 BISHOPWOOD CT E #102
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify 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: MILISSA LINDSEY RA 04/07/2009

Electronic Signature of Signing Officer or Director — Date