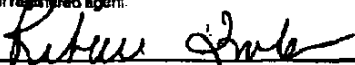
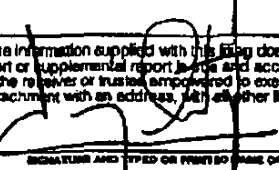


FILED
Jun 13, 2005 8:00 am
Secretary of State

05-03-2005 90081 036 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N04000014317 1. Entity Name IL VILLAGIO NEIGHBORHOOD III CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9745 TOUCHTON RD JACKSONVILLE, FL 32246		Mailing Address 9745 TOUCHTON RD JACKSONVILLE, FL 32246	
2. Principal Place of Business 8009 S Orange Ave Suite, Apt. #, etc.		3. Mailing Address 8009 S Orange Ave Suite, Apt. #, etc.	
City & State Orlando FL Zip 32809-6711		City & State Orlando FL Zip 32809-6711	
4. FEJ Number 20-2368550		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HABER, ROBERT M 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131		7. Name and Address of New Registered Agent Leland Management Inc 8009 S Orange Ave Orlando FL 32809-6711	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ORTEGA, JORGE 9745 TOUCHTON RD JACKSONVILLE, FL 32246	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AVILA, EDUARDO 2801 S BAYSHORE DR STE 200 MIAMI, FL 33133	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SISSSEL, STEVEN 9745 TOUCHTON RD JACKSONVILLE, FL 32246	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	☐ Change ☐ 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 another like empowered.			
SIGNATURE: 		Date 04/13/05 186-236-7908 Daytime Phone #	

66022660



03032005 Chg-NP CR2E007 (10/03)