

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90159 031 ****61.25

DOCUMENT # N05000000836					
1. Entity Name EL JARDIN III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % 600 CORPORATE DRIVE STE 102 FT LAUDERDALE, FL 33334			Mailing Address % 600 CORPORATE DRIVE STE 102 FT LAUDERDALE, FL 33334		
2. Principal Place of Business 4380 U.S. Hwy #1 Suite, Apt. #, etc.		3. Mailing Address 4380 U.S. Hwy #1 Suite, Apt. #, etc.			
City & State VERO BEACH FL		City & State VERO BEACH FL		4. FEI Number 20-2287133	
Zip 32967		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, CHERYL L ESQ. PELICAN BAY CORPORATE CENTRE 5551 RIDGEWOOD DRIVE, STE 501 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name: <u>SPEECHLY JR CLIFFORDS.</u> Street Address (P.O. Box Number is Not Acceptable): 4380 U.S. Hwy #1 City: <u>VERO BEACH</u> FL Zip Code: <u>32967</u>	
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 <u>CLIFFORDS. Speechly Jr, Mgr</u> DATE <u>4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		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 D NAME JOSE, TIRSO SAN STREET ADDRESS 600 CORPORATE DRIVE STE 102 CITY-ST-ZIP FT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete		TITLE DP NAME PATRICIA HABERTY STREET ADDRESS 4380 U.S. Hwy #1 CITY-ST-ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ZITZMANN, MICHAEL STREET ADDRESS 600 CORPORATE DRIVE STE 102 CITY-ST-ZIP FT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete		TITLE DP NAME Diane Schneider STREET ADDRESS 4380 U.S. Hwy #1 CITY-ST-ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME VALDIVIA, ALBERT STREET ADDRESS 600 CORPORATE DRIVE STE 102 CITY-ST-ZIP FT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete		TITLE DS/T NAME Phillip Valyou STREET ADDRESS 4380 U.S. Hwy #1 CITY-ST-ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE M NAME CLIFFORD S. Speechly JR. STREET ADDRESS 4380 U.S. Hwy #1 CITY-ST-ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" 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: <u>CLIFFORDS. Speechly Jr</u> DATE <u>4/27/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					