## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004401

FILED May 02, 2007 Secretary of State

Entity Name: CONDOMINIUM III AT BARLETTA ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10481 SIX MILE CYPRESS PKWY. 11691 GATEWAY BLVD. FT. MYERS, FL 33912 203

203 FT. MYERS, FL 33913

Current Mailing Address: New Mailing Address:

11691 GATEWAY BLVD. SUITE 203

FT. MYERS, FL 33913

FEI Number: 20-2779911 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIELDS, CHRISTOPHER J.

1833 HENDRY STREET

FT. MYERS, FL 33901 US

S & S GOLF MANAGEMENT, INC
11691 GATEWAY BLVD.
203
FT. MYERS, FL 33913 US

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: REBECCA SARVER 05/02/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: SORENSEN, ANDREW Name: ROHRMAN, TYLER
Address: 10481 SIX MILE CYPRESS PKWY Address: 11691 GATEWAY BLVD., SUIE 203

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33913

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: DEVEREAUX, MATTHEW Name: DECARMINE, JAMES

Address: 10481 SIX MILE CYPRESS PKWY. Address: 11691 GATEWAY BLVD., SUITE 203

City-St-Zip: FT. MYERS, FL 33912 City-St-Zip: FT. MYERS, FL 33913

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

Name: HAGAN, JOHN Name: WENELL, CORAL

Address: 10481 SIX MILE CYPRESS PKWY. Address: 11691 GATEWAY BLVD., SUITE 203

City-St-Zip: FT. MYERS, FL 33912 City-St-Zip: FT. MYERS, FL 33913

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: TYLER ROHRMAN PD 05/02/2007