2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# N05000008885

Entity Name: PARADISE PLACE CONDOMINIUMS OF CAPE CORAL III, INC.

Current Principal Place of Business:

5313 SW 8TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

1504 SW 57TH STREET
CAPE CORAL, FL 33914

Current Mailing Address:

5313 SW 8TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

1504 SW 57TH STREET
CAPE CORAL, FL 33914

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

READ, TYRA N.
1715 MONROE STREET
FORT MYERS, FL 33901 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: DPT ( ) Delete
Name: SIKORA, STANLEY A.
Address: 5313 SW 8TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: DV ( ) Delete
Name: KEOUGH, KEVIN
Address: 25824 KENSINGTON LANE
City-St-Zip: MONEE, IL 60449

Title: DS ( ) Delete
Name: SIKORA, MICHELLE
Address: 5313 SW 8TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: SIKORA, STANLEY A.
Address: 1504 SW 57TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: SIKORA, MICHELLE
Address: 1504 SW 57TH STREET
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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: STANLEY A. SIKORA DS 02/06/2007
Electronic Signature of Signing Officer or Director — Date