

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004851

FILED
Apr 08, 2009
Secretary of State

Entity Name: MARINA MILE BUSINESS PARK COMMERCIAL CONDOMINIUM ASSOCIATION III, INC.

Current Principal Place of Business:

400 SANTA CLARA TRAIL
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

400 SANTA CLARA TRAIL
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-5572304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANSFIELD, RAYMOND D
400 SANTA CLARA TRAIL
WELLINGTON, FL 33414 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: P () Delete
Name: MANSFIELD, RAYMOND
Address: 400 SANTA CLARA TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: LEVY, BARRY
Address: 400 SANTA CLARA TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: S () Delete
Name: IZQUIEROO, HECTOR
Address: 400 SANTA CLARA TRAIL
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANSFIELD, RAYMOND D
Address: 400 SANTA CLARA TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: DT (X) Change () Addition
Name: LEVY, BARRY
Address: 400 SANTA CLARA TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: DS (X) Change () Addition
Name: IZQUIERDO, HECTOR
Address: 400 SANTA CLARA TRAIL
City-St-Zip: WELLINGTON, FL 33414

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: RAYMOND D. MANSFIELD

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date