


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

03-12-2007 90374 037 ****61.25

DOCUMENT # N06000010641 1. Entity Name LAGUNA AT RIVIERA DUNES III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4200 W. CYPRESS STREET SUITE 444 TAMPA, FL 33607				Mailing Address 4200 W. CYPRESS STREET SUITE 444 TAMPA, FL 33607	
2. Principal Place of Business - No P.O. Box # C/O AMI		3. Mailing Address C/O AMI			
Suite, Apt. #, etc. 9031 TOWN CENTER PKWY		Suite, Apt. #, etc. 9031 TOWN CENTER PKWY			
City & State BRADENTON, FL		City & State BRADENTON, FL			
Zip 34202		Country USA		Zip 34202	
Country USA		Country USA			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name ADVANCED MANAGEMENT OF SW FLORIDA, INC. Street Address (P.O. Box Number is Not Acceptable) 9031 TOWN CENTER PKWY City BRADENTON FL Zip Code 34202	
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>DRZ</u> DATE <u>4/19/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	PODLASKI, LINDA				
STREET ADDRESS	4200 W. CYPRESS STREET #444				
CITY-ST-ZIP	TAMPA, FL 33607				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	ROQUE, TAMMY				
STREET ADDRESS	4200 W. CYPRESS STREET #444				
CITY-ST-ZIP	TAMPA, FL 33607				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	HAMVAY, JENNIFER				
STREET ADDRESS	4200 W. CYPRESS STREET #444				
CITY-ST-ZIP	TAMPA, FL 33607				
TITLE	AS	<input type="checkbox"/> Delete			
NAME	BOZESKY, MARGARET A				
STREET ADDRESS	4200 W. CYPRESS STREET #444				
CITY-ST-ZIP	TAMPA, FL 33607				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	AS				
STREET ADDRESS	WILSON, DOUGLAS E.				
CITY-ST-ZIP	9031 TOWN CENTER PKWY				
	BRADENTON, FL 34202				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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>DRZ</u> <u>4/19/07</u> <u>941-359-1134</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					