

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010641

FILED
Apr 24, 2009
Secretary of State

Entity Name: LAGUNA AT RIVIERA DUNES III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4200 WEST CYPRESS STREET - SUITE 444
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4200 WEST CYPRESS STREET - SUITE 444
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 20-5809148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PD () Delete
Name: PODLASKI, LINDA
Address: 4200 W. CYPRESS STREET #444
City-St-Zip: TAMPA, FL 33607

Title: STD () Delete
Name: HAMVAY, JENNIFER
Address: 4200 W. CYPRESS STREET #444
City-St-Zip: TAMPA, FL 33607

Title: AS () Delete
Name: WILSON, DOUGLAS E
Address: 9031 TOWN CETER PKWY
City-St-Zip: BRADENTON, FL 34202

Title: STD () Delete
Name: FULLER, MICHAEL
Address: 615 RIVIERA DUNES WAY #401
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DOUGLAS E WILSON

AS

04/24/2009

Electronic Signature of Signing Officer or Director

Date