2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 07, 2006 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # N08509 1. Entity Name 04-07-2006 90040 024 ****61.25 LAKE DAMON VILLAS SOUTH, III CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 344 GROVE CIR. 344 GROVE CIR. AVON PARK FL 33825 **AVON PARK FL 33825** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 59-2594240 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEPPLER, ELAINE P Street Address (P.O. Box Number is Not Acceptable) 344 GROVE CIR. AVON PARK FL 33825 Zip Code 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 FILE NOW: EEE IS \$61,25 -Make Check Payable to 9. Election Campaign Financing. \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Delete TITLE PD **⊠** Change TITLE ☐ Addition KEGLER GLEN SR. GAYLORD, GRANDE NAME NAME 333 CROVE CIRCLE 335 GROVE CIR STREET ADDRESS STREET ADDRESS AVON PARK FL 33825 AVON PARK FL 33825 CITY-ST-ZIP CITY-ST-ZE VPD TITLE ☐ Delete Addition GRANDE, GAYLORD KEGLER, GLEN SR NAME 335 CROVE CIRCLE 333 GROVE CIR STREET ADDRESS STREET ADDRESS AVON PARK FL 33825 AVON PARK FL 33825 CITY-ST-ZIP CITY-ST-ZIP ☐ Change SD . Delete TITLE TITLE WIERS, HEDDY NAME NAME STREET ADDRESS 325 GROVE CIRCLE STREET ADDRESS AVON PARK FL 33825 CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIE CITY-ST-ZIP ☐ Delete IIILE ☐ Change ■ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 attactyrient with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-7/P

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Daytime Phone #

☐ Change

☐ Addition