## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08509

FILED Mar 13, 2009 Secretary of State

Entity Name: LAKE DAMON VILLAS SOUTH, III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
344 GROVI AVON PAR	E CIR. RK, FL 33825	US			
Current Ma	ailing Addres:	s:	New Mailing Addres	ss:	
344 GROVI AVON PAR	E CIR. RK, FL 33825	US			
El Number:	59-2594240	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	ELAINE P				
AVON PAR The above	RK, FL 33825 named entity s	US ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
NON PAR he above n the State	named entity set of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
he above	RK, FL 33825 named entity s of Florida. RE:			ed office or registered agent, or both,  Date	
The above n the State SIGNATUR	RK, FL 33825 named entity s of Florida. RE:	ubmits this statement for the p	ent		
The above in the State SIGNATUR  DFFICERS  ittle: lame: .ddress:	named entity set of Florida.  RE: Electronics	ubmits this statement for the positions of Registered Age  FORS:  Delete  SR	ent	Date	
NON PARTHE Above In the State	named entity set of Florida.  RE: Electroni  S AND DIRECT  PD ()  KEGLER, GLEN  333 GROVE CIR  AVON PARK, FL	ubmits this statement for the process construction of Registered Age  FORS:  Delete SR 33825  Delete RYLOU RCLE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS	

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: ELAINE P. KEPPLER TREA 03/13/2009