


FILED
Apr 10, 2008 8:00 am
Secretary of State

<h1 style="margin: 0;">DOCUMENT # N12000</h1>		
<div style="display: flex; justify-content: space-between;"><div style="width: 80%;">1. Entity Name THE PLACE, UNIT III, PROPERTY OWNERS' ASSOCIATION, INC.</div><div style="width: 15%;"></div></div>		
Principal Place of Business 17210-1 TERRAVERDE CIR FORT MYERS, FL 33908		Mailing Address 17210-1 TERRAVERDE CIR FORT MYERS, FL 33908
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		
REITENGA, JACQUELYN G 17210-1 TERRAVERDE CIR FORT MYERS, FL 33908		Name
		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>		
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUTTER, JULIE 36 BARKLEY CIRCLE FT. MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	11.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REITENGA, JACQUELYN G 17210-1 TERRAVERDE CIR FORT MYERS, FL 339084464 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TANNENBAUM, ALAN L DR 20 BARKLEY CIRCLE FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEAR, ROBERT D 26 BARKLEY CIR #A FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANHANEY, GENE D 23 BARKLEY CIR FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		