

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19676

FILED  
Jan 13, 2006  
Secretary of State

**Entity Name:** THE BEACH AND TENNIS RESORT ASSOCIATION III, INC.

**Current Principal Place of Business:**

3942 A1A SOUTH  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

3960 A1A SOUTH  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

3942 A1A SOUTH  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-2787588

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLIGOOD, JUDY S  
3942 A1A SOUTH  
ST AUGUSTINE, FL 32080 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: PSD ( ) Delete  
Name: ALLIGOOD, GARY,  
Address: 157 MARINE STREET #209  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: WEMPLE, DEBRA  
Address: 3942 AA SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: SUMNER, THOMAS D  
Address: 2010 S. WATERSTONE RD  
City-St-Zip: MUNCIE, IN 47302

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: WEMPLE, DEBRA  
Address: 3942 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY ALLIGOOD

RA

01/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date