2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 17, 2005 08:00 AM Secretary of State

	ANNUAL F	Secretary of State				
1. Entity Nam	HOUSE COVE CONDOMINIUM ASSOCIATION III,				Secre	tary of State
Principal Plac		Mailing Address				
	1 OCEAN BLVD. Each, Fl. 33062	1406 NORTH OCEAN BLVD. POMPANO BEACH, FL 33062		j		
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				B tille ibbio billei (b) bioli bib	B	
DO NOT WRITE IN THIS SPACE				02152005 No Chg-NP CR2E037 (10/03)		
				4. FEI Number		Applied For
			59-284710	01	Not Applicable	
				5. Certificate of S	itatus Desired	\$8.75 Additional
6. Name and Address of Current Registered Agent						Fee Required
o, Hallis atta Address of Cartain ingrators Agont						
SLAMAN, ROBERT A 4646 W IRLO BRONSON MEMN HWY KISSIMMEE, FL 34746				DO N	OT WRIT	ΓΕ
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			}	•		
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						
Signature, typed or printed name of registered agent and this if applicable. (NOTE Registered agent algorithms required when refinatority) DATE						
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Final Trust Fund Contribution.	nding \$5.	00 May Be ed to Fees		
10.	OFFICERS AND DIR	ECTORS		िक्षा स्टिप्ट विकास	3 (Case)	
TITLE Name	PD	* * * *	1			•
STREET ADDRESS	KAPLAN, RUBIA 1406 NO. OCEAN BLVD.					
CITY-ST-ZIP	POMPANO BEACH, FL		<u>.</u>		Unadaaaa	in a s
TITLE	VD	₩WEELE E VIII - C]—		265000000 017772900	941 10-011 61.25
NAME	BURNS, LINDA			•	998 I 17 93 - 980	10 011 01 "52
STREET ADDRESS CITY-ST-ZIP	1406 N OCEAN BLVD POMPANO BEACH, FL 33062		Ī.			
TITLE	STD		-			
Name	SELWYN, JERRY		1			
STREET ADDRESS CITY-ST-ZIP	1408 N OCEAN BLVD		Į.	DO N	NOT WRI	TE
TITLE	POMPANO BEACH, FL 33062		1			
NAME			<u> </u>		HIS SPAC	JE
STREET ADDRESS			Ì			
City-St-ZIP			4			!
TITLE Name				~	· =	
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP				•		
TITLE	The second secon	the form government.		· · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS		Committee Committee and Support	•	•		
CITY-ST-ZIP	4 · · · ·			•		
12. 1 hereby	certify that the information supplied with this	filing does not qualify for the exe	mption stated in Se	ction 119.07(3)(i), FI	Torida Statutes. I further	certify that the information
indicated of the cor	on this report or supplemental report is tru- poration or the receiver of trustee empower	e and accurate and that my signa ed to execute this report as requi	iture shall have the fred by Chapter 617	same legal effect as ', Florída Statutes; a	s it made under oath; the ind that my name appea	at I am an officer or director ars in Block 10 or Block 11 if
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I). 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 of 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 attachment with an address, with all other like empowered.						