
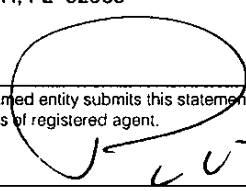
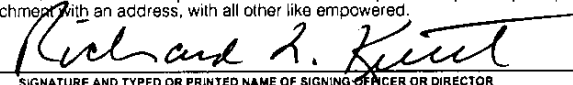


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90147 030 \*\*\*\*61.25

<b>DOCUMENT # N28484</b> 1. Entity Name <b>THE RIVER HOMES OF SEA OAKS III HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1235 WINDING OAKS CIRCLE VERO BCH, FL 32963</b>			Mailing Address <b>1235 WINDING OAKS CIRCLE VERO BCH, FL 32963</b>		
2. Principal Place of Business <b>8811 A1A</b>		3. Mailing Address <b>8811 A1A</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>VERO BEACH, FL</b>		City & State <b>VERO BEACH, FL</b>		4. FEI Number <b>65-0106716</b>	
Zip <b>32963</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DAWSON, PAMELA 1235 WINDING OAKS CIRCLE VERO BEACH, FL 32963</b>				7. Name and Address of New Registered Agent Name <b>SAM E</b> Street Address (P.O. Box Number is Not Acceptable) <b>8811 A1A</b> City <b>same</b> <b>FL</b> 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  <b>PAMELA DAWSON, MANAGING AGENT</b> <b>4/12/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KRUTT, RICHARD</b> <b>1235 WINDING OAKS CIRCLE</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8811 Hwy 41A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>THIBODEAU, DAVID</b> <b>1235 WINDING OAKS CIR</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>8811 HWY 41A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LEHMANN, EUGENE</b> <b>1234 WINDING OAKS CIRCLE</b> <b>VERO BEACH, FL 32963</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>KEN LAVING</b> <b>8811 Hwy 41A</b> <b>VERO BEACH, FL 32963</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ENNIS, ROBERT</b> <b>1235 WINDING OAKS CIR</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>8811</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CATULLO, DIANE</b> <b>1235 WINDING OAKS CIRCLE</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8811 Hwy 41A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.					
SIGNATURE:  <b>Richard A. Krutt</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/12/06</b> <small>Date</small>		
			<b>772-231-2154</b> <small>Daytime Phone #</small>		

40068110



04112006 Chg-NP CR2E037 (11/05)