## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 05, 2006 8:00 am Secretary of State DOCUMENT # N29191 1. Entity Name\_ 04-05-2006 90157 028 \*\*\*\*61.25 GOLFERS VIEW III CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2200 KINGS HWY 3-L #43 PORT CHARLOTTE FL 33980 2200 KINGS HWY 3-L #43 PORT CHARLOTTE FL 33980 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 27-6468388 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUSTER, DANA Street Address (P.O. Box Number is Not Acceptable) C/O DK MANAGEMENT 2200 KINGS HWY 3-L #43 PORT CHARLOTTE FL 33980 City Zip Code FL 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 registored agent and title if applicable (NOTE: Registated Agent signaline required wiwin reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be `Due By May 1, 2006 👾 Trust Fund Contribution Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VΡ ☐ Change ☐ Addition TITLE ☐ Defete TITLE MERCURIO, CHUCK NAME NAME STREET ADDRESS 9202 CLARENCE CENTER RD. STREET ADDRESS CLARENCE CENTER NY 14032 CITY-S1-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition SNABBLE, BEVERLY NAME NAME STREET ADDRESS 3875 UTAH STREET ADDRESS BAY CITY MI 48706 CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Change Change ■ Addition DIEDRICH, DAVID NAME DIEDRICH, DANO NAME The 1360 RIO DE Janiere STREET ADDRESS 1360 RIO DE JANIERO 114 STREET ADDRESS CITY - ST - ZIP PUNTA GORDA FL 33983 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

THILE

NAME

STREET ADDRESS

CCTY-ST-789

☐ Delete

P. S. S. V. III 3,

☐ Change

Addition

FILED