

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90211 027 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION**  
**ANNUAL REPORT**

40037548



DOCUMENT # N48117					
1. Entity Name PLYMOUTH III CONDO ASSOCIATION, INC.					
Principal Place of Business 13 PLYMOUTH A WEST PALM BEACH, FL 33417-6731 US			Mailing Address SEACREST SERVICES, IN 2400 CENTRE PARK W. DR #175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1465245	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TABAG, MONA 38 PLYMOUTH E WEST PALM BEACH, FL 33417			Name <b>JULIUS SILBIGER</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2400 CENTRE PARK WEST DR. #105</b>		
			<b>WEST PALM BEACH</b>		
			City <b>FL</b> Zip Code <b>33409</b>		
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		DATE <b>2/29/08</b>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP HELLER, SUSAN F 45 PLYMOUTH W. PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>JULIUS SILBIGER</b> <b>30 PLYMOUTH C</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEARLMAN, ESTELLE 4 PLYMOUTH A WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECT.</b> <b>JOSEPH ROBINZON</b> <b>201 PLYMOUTH C</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBINSON, JOSEPHINE C-27 PLYMOUTH WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>MICHAEL BERMAN</b> <b>36 PLYMOUTH D</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP TABAG, MONA 38 PLYMOUTH E WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2ND VICE PRES.</b> <b>STUART MORGAN</b> <b>17 PLYMOUTH B</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAFFE, IRMA 34 PLYMOUTH D WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRES.</b> <b>DAVID PFEIFER</b> <b>37 PLYMOUTH E</b> <b>WEST PALM BEACH, FL 33417</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNTEL, MARTIN 32 PLYMOUTH D WEST PALM BEACH, FL 33417	<input checked="" 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:		DATE <b>2/29/08</b>		DAYTIME PHONE # <b>917 846 8426</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	