

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002084

FILED
Apr 26, 2006
Secretary of State

Entity Name: BYLANDS COMMERCIAL CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business:

928 N.E. 24TH LANE
SUITE 1
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

PO BOX 101725
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 65-0581348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, DON
928 NE 24TH LANE
CAPE CORAL, FL 33909 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: PD () Delete
Name: CAMERON, DON
Address: 928 NE 9TH AVE #1
City-St-Zip: CAPE CORAL, FL 33909 OC

Title: VPTD () Delete
Name: HABERLE, DARVIN
Address: 928 N.E. 24TH LANE -SUITE #1
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Delete
Name: BEAUDERT, HENRY
Address: 924 NE 24TH LANE, #7
City-St-Zip: CAPE CORAL, FL 33909

Title: D () Delete
Name: PAVELL, BILL
Address: 924 NE 24TH LANE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: DON CAMERON

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date