


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90017 021 \*\*\*\*61.25

<b>DOCUMENT # N93000003037</b>					
<b>1. Entity Name</b> COURTYARD LANDINGS III CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> %BENSON'S INC. 12650 WHITEHALL DR. FORT. MYERS, FL 33907-3619 US			<b>Mailing Address</b> 12650 WHITEHALL DR FORT MYERS, FL 33907 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3236768	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BENSON, MARK R 12650 WHITEHALL DR FORT MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b> Name <u>Vandall, Bonita D</u> Street Address (P.O. Box Number is Not Acceptable) <u>12650 Whitehall Dr</u> City <u>Fort Myers</u> <u>FL</u> Zip Code <u>33707</u>		
<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.</b>					
SIGNATURE <u>B. D. V. D.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>BONITA D. VANDALL</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>3-5-07</u> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D LEV, JAY 1000 ISLAMORADA BLVD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD Lev, Jay 1000 Islamorada Blvd. Punta Gorda, FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MUELLER, BARBARA 804 ISLAMORADA BLVD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D Heeneke, G. Richard 904 Islamorada Blvd. Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD BERNIER, MICHEL 906 ISLAMORADA BLVD PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD D'Arpino, Frank 808 Islamorada Blvd Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD WELCH, JAMES 1006 ISLAMORADA BLVD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD D'Arpino, Frank 808 Islamorada Blvd Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD MURCHISON, VIRGINIA 1010 ISLAMORADA BLVD PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD D'Arpino, Frank 808 Islamorada Blvd Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D MUELLER, BARBARA 804 ISLAMORADA BLVD PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D Heeneke, G. Richard 904 Islamorada Blvd. Punta Gorda, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/3/07</u> Daytime Phone #	