

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003037

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** COURTYARD LANDINGS III CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6719 WINKLER RD. STE. 200  
FORT. MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

6719 WINKLER RD. STE. 200  
FORT. MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 59-3236768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD. STE. 200  
FORT MYERS, FL 33919 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  
**Name:** MURCHISON, VIRGINIA  
**Address:** 6719 WINKLER RD. STE. 200  
**City-St-Zip:** FORT MYERS, FL 33919

**Title:** VP  
**Name:** LEV, SUSAN  
**Address:** 6719 WINKLER RD. STE. 200  
**City-St-Zip:** FORT MYERS, FL 33919

**Title:** TS  
**Name:** GABLE, ROBERT  
**Address:** 6719 WINKLER RD. STE. 200  
**City-St-Zip:** FORT MYERS, FL 33919

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT GABLE

TS

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date