## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90047 005 \*\*\*\*61.25

DOCUMENT # N94000004559  1. Enlity Name NANTUCKET III CONDOMINIUM ASSOCIATION, INC.												
STERLING MANAGEMENT, INC. STI 1701-B RICKENBACKER DRIVE 17			Mailing Address STERLING MANAGEMEN 1701-B RICKENBACKEI SUN CITY CENTER, FL	R DRIVE	<del></del>			18 18   18 10 11 8 8 16 17		<b>[]</b> [[] <b>[]</b> []		Kiida ea leea
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address			$\neg$						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02022007	Chg-NP		CR2E03	37 (12/06)		
City & State			City & State			4. FEI Numb 59-329				<del></del>	oplied For ot Applicable	
Zip	Zip Country		Zíp	Cour	ntry		5. Certificate	e of Status De	sired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent				7. Name an	d Address of	New Re	gistered A	gent	
DEFURIO.	IAMES	D ESO			Name							
201 E KEN STE 1460			Street Add	lress (P	.O. Box Numb	per is Not Acc	eptable)					
TAMPA, F	L 33602				-					-	-	_
7,4,1,2,00052					City					FL	Zip Cod	le
	named entit tions of regis		the purpose of changing its	registere	d office or re	egistere	ed agent, or bo	oth, in the Sta	te of Flori	da. Lam f	amiliar with,	and accept
SIGNATURE		d or printed name of registered agent a	- dade described (1907)		Agent signature r					DATE		
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	Filing Fe	ee is \$61.25 May 1, 2007	9. Election Car Trust Fund C	npaign Fir	nancing		\$5.00 May Added to Fees	Be s		ke check	payable t	
10.	Filing Fe Due by N	ee is \$61.25	9. Election Car Trust Fund C	npaign Fir	nancing	] .	\$5.00 May	s	Florid	ke check la Depart	tment of S	tate
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indicated on this report or supplied wirt this lifting coes not quality 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: \_

E AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

3/50/07 Daysime Phone # 645-899