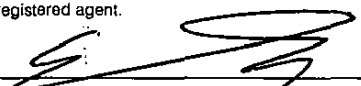


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90241 030 ****61.25

DOCUMENT # N98000000246					
1. Entity Name THE HERON AT THE SANCTUARY III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957			Mailing Address C/O ISLAND REALTY & MANAGEMENT P.O. BOX 100 SANIBEL, FL 33957		
2. Principal Place of Business C/O Island Management Group		3. Mailing Address C/O Island Management Group			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0843297	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS, CAROL PO BOX 100- 703 TARPON BAY ROAD SANIBEL, FL 33957			7. Name and Address of New Registered Agent Name: <u>Steven J. Mackesy</u> Street Address (P.O. Box Number is Not Acceptable): <u>C/O Island Management Group</u> <u>PO Box 100-711 Tarpon Bay Road</u> City: <u>Sanibel</u> FL Zip Code: <u>33957</u>		
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: 		(NOTE: Registered Agent signature required when reinstating)		DATE: <u>4-11-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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 STD	NAME ELLIOTT, BARBARA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2821 BENTON BLVD	CITY - ST - ZIP MINNEAPOLIS, MN 55416		STREET ADDRESS	CITY - ST - ZIP	
TITLE PD	NAME MCGREGOR, DONALD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5681 BALTUSROL CT 28	CITY - ST - ZIP SANIBEL, FL 33957		STREET ADDRESS	CITY - ST - ZIP	
TITLE VD	NAME KNIGHT, DIANE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 121 BIRCH HILL ROAD	CITY - ST - ZIP LOCUST VALLEY, NY 11560		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>18 Mar 05</u> 239-395-2457		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					