

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90162 010 \*\*\*\*61.25

<b>DOCUMENT # N98000000246</b>					
<b>1. Entity Name</b> THE HERON AT THE SANCTUARY III CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957			<b>Mailing Address</b> C/O ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0843297</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  MACKESY, STEVEN J C/O ISLAND MANAGEMENT GROUP P.O. BOX 100, 711 TARPON BAY RD SANIBEL, FL 33957			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<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>		
TITLE	STD		TITLE		
NAME	ELLIOTT, BARBARA		NAME		
STREET ADDRESS	2821 BENTON BLVD		STREET ADDRESS		
CITY - ST - ZIP	MINNEAPOLIS, MN 55416		CITY - ST - ZIP		
TITLE	PD		TITLE		
NAME	MCGREGOR, DONALD		NAME		
STREET ADDRESS	5681 BALTUSROL CT 28		STREET ADDRESS		
CITY - ST - ZIP	SANIBEL, FL 33957		CITY - ST - ZIP		
TITLE	VD		TITLE		
NAME	KNIGHT, DIANE		NAME		
STREET ADDRESS	121 BIRCH NILL ROAD		STREET ADDRESS		
CITY - ST - ZIP	LOCUST VALLEY, NY 11560		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>SIGNATURE:</b> <i>Donald B. McGregor</i> <b>Donald B. McGregor</b> 1/15/06 239-395-2457					