

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000034527

Entity Name: CHARLSE WATT COMMUNITIES III, INC.

FILED  
Apr 23, 2005  
Secretary of State

## Current Principal Place of Business:

POST OFFICE BOX 7537  
DELRAY BEACH, FL 33482

## New Principal Place of Business:

8891 BRIGHTON LANE  
SUITE 101  
BONITA SPRINGS, FL 34135

## Current Mailing Address:

POST OFFICE BOX 7537  
DELRAY BEACH, FL 33482

## New Mailing Address:

8891 BRIGHTON LANE  
SUITE 101  
BONITA SPRINGS, FL 34135

FEI Number: 20-0753037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALVATORI & WOOD, P.L.  
4001 TAMiami TRAIL NORTH  
SUITE 330  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

NOVATT, JEFF M ESQ.  
821 FIFTH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102 US

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: JEFF M. NOVATT, ESQ.

04/23/2005

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title:  Delete  
Name:  
Address:  
City-St-Zip:

Title:  Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP  Change  Addition  
Name: CHARLSE, STEVEN M  
Address: 8891 BRIGHTON LANE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DSTV  Change  Addition  
Name: WATT, STEVEN M  
Address: 8891 BRIGHTON LANE, SUITE 101  
City-St-Zip: BONITA SPRINGS, FL 34135

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN M. WATT

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04/23/2005

Electronic Signature of Signing Officer or Director

Date