


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90037 050 ***150.00

DOCUMENT # P04000089641 1. Entity Name LEE COUNTY HOMES III CORPORATION					
Principal Place of Business 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323			Mailing Address 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Surprise, FL		City & State Surprise, FL		4. FEI Number 20-1246112	
Zip 		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, MARK F ESQ 200 EAST BROWARD BLVD 15TH FLOOR LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Surprise, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS FANT, ALAN J 1600 SAWGRASS CORP. PKWY STE 300 FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Surprise, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT COSTELLO, RICHARD A 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Surprise, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MENENDEZ, MARIAN 1600 SAWGRASS PKWY STE 300 FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MENENDEZ, N. MARIA Surprise, FL 33323	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Surprise, FL 33323	
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 607, 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: <i>N. Maria Menendez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			N. MARIA MENENDEZ, VICE PRESIDENT 4/27/07 <small>Date</small>		
			954-753-1730 <small>Daytime Phone #</small>		