

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061365

Entity Name: SANDHILL VILLAS III, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

1185 ALTON ROAD
PORT CHARLOTTE, FL 339522877

New Principal Place of Business:

Current Mailing Address:

1185 ALTON ROAD
PORT CHARLOTTE, FL 339522877

New Mailing Address:

FEI Number: 65-0772399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL CASTILLO, ROBERTO
1185 ALTON ROAD
PORT CHARLOTTE, FL 339522877 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL CASTILLO, EDUARDO
Address: 1185 ALTON RD
City-St-Zip: PORT CHARLOTTE, FL 339521737

Title: ST () Delete
Name: DEL CASTILLO, KATHY
Address: 1185 ALTON RD
City-St-Zip: PORT CHARLOTTE, FL 339521737

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERTO DEL CASTILLO

D

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date