

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725878 (3)
1. Corporation Name
CONCORD VILLAGE SOUTH CONDOMINIUM ASSOCIATION NO 3, INC.



Principal Place of Business 1700 N 66 ST #207 ST. PETERSBURG FL 33743 US	Mailing Address PO BOX 47068 ST. PETERSBURG FL 33743-7068 US
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3. Date Incorporated or Qualified 03/22/1973	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1676715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GRAHAM, PETER
MENSCH, ZACUR & GRAHAM
5200 CENTRAL AVE
ST PETERSBURG FL 33733**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLIKEN, GUS	
STREET ADDRESS	970 85TH AVENUE, NORTH #212	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JENKINS, JAMES	
STREET ADDRESS	970 N 85 AVE #213	
CITY-ST-ZIP	ST PETE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LITRELL, GEORGE	
STREET ADDRESS	930 85TH AVENUE, N. #102	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMISON, JUNE	
STREET ADDRESS	970 85TH AVENUE, N. #116	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRAIG, ANNABELLE	
STREET ADDRESS	1020 85TH AVENUE, N. #119	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jenkins, James	
1.3 STREET ADDRESS	970-85th Ave North # 213	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
2.1 TITLE	Vice-President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Milliken, Gus	
2.3 STREET ADDRESS	970-85th Ave North # 212	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
3.1 TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jamison, June	
3.3 STREET ADDRESS	970-85th Ave. North # 116	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Littrell, George	
4.3 STREET ADDRESS	930-85th Ave North #102	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
5.1 TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Craig, Annabelle	
5.3 STREET ADDRESS	970-85th Ave North # 404	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33702	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *V. [Signature]* 4-2-97 813-579-1081

CR2E037 (9/96)