

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McPherson 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: _____ Mailing Address: _____

2. Principal Place of Business	2a. Mailing Address
21 3001 Executive Dr. Suite, Apt. #, etc. 22 Suite 260 City & State 23 Clearwater, FL Zip 24 33762	26 3001 Executive Drive Suite, Apt. #, etc. 27 Suite 260 City & State 28 Clearwater, FL Zip 29 33762
Country 25 U.S.A.	Country 30 USA

3. Date Incorporated or Qualified 03/02/1973	3a. Date of Last Report 4/97
4. FEI Number 59-1676715	Applied For 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	10. Name and Address of New Registered Agent
	81 Name Condominium Associates
	82 Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Dr. Ste. 260
	83
	84 City CLEARWATER FL 85 Zip Code 33762

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: *Ronald J. McNeal, PRES* DATE: *5/28/98*

12. OFFICERS AND DIRECTORS	
TITLE	President "D" <input type="checkbox"/> DELETE
NAME	JENKINS, James
STREET ADDRESS	970-85th Ave. North # 213
CITY- ST- ZIP	ST. Petersburg, FL 33702
TITLE	Vice-President "D" <input checked="" type="checkbox"/> DELETE
NAME	MILLIKEN, GUS
STREET ADDRESS	970-85th Ave. North # 212
CITY- ST- ZIP	ST. Petersburg, FL 33702
TITLE	Treasurer <input checked="" type="checkbox"/> DELETE
NAME	JAMISON, JUNE
STREET ADDRESS	970-85th Ave. North #116
CITY- ST- ZIP	ST. Petersburg, FL 33702
TITLE	Director "D" <input type="checkbox"/> DELETE
NAME	LITTLER, George
STREET ADDRESS	930-85th Ave. North # 102
CITY- ST- ZIP	ST. Petersburg, FL 33702
TITLE	Secretary "D" <input type="checkbox"/> DELETE
NAME	CURRY, Helen
STREET ADDRESS	930-85th Ave. North # 404
CITY- ST- ZIP	ST. Petersburg, FL 33702
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	V "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARUFFO, HENRY
2.3 STREET ADDRESS	970-85th Ave. North # 114
2.4 CITY- ST- ZIP	ST. Petersburg, FL 33702
3.1 TITLE	T "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CURRY, Helen
3.3 STREET ADDRESS	930-85th Ave. North # 404
3.4 CITY- ST- ZIP	ST. Petersburg, FL 33702
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002563629
6.3 STREET ADDRESS	-06/18/98 - 01009 - 042
6.4 CITY- ST- ZIP	***61.25

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: *Helen Curry* Helen Curry 5/28/98 Secy 577-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (9/96)