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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725878

1. Corporation Name

CONCORD VILLAGE SOUTH CONDOMINIUM ASSOCIATION NO 3, INC.

Principal Place of Business

Mailing Address

3001 EXECUTIVE DRIVE  
SUITE 260  
CLEARWATER FL 33762  
US

3001 EXECUTIVE DRIVE  
SUITE 260  
CLEARWATER FL 33762  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/22/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-16767.15

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM ASSOCIATES  
3001 EXECUTIVE DRIVE  
SUITE 260  
CLEARWATER FL 33762

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME JENKINS, JAMES  
STREET ADDRESS 970-85TH AVENUE NORTH #213  
CITY-ST-ZIP ST. PETERSBURG FL 33702

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME ARUFFO, HENRY  
STREET ADDRESS 970-85TH AVENUE NORTH #213  
CITY-ST-ZIP ST. PETERSBURG FL 33702

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  DELETE  
NAME CURRY, HELEN  
STREET ADDRESS 930-85TH AVENUE NORTH #404  
CITY-ST-ZIP ST. PETERSBURG FL 33702

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME LITRELL, GEORGE  
STREET ADDRESS 930-85TH AVENUE NORTH #102  
CITY-ST-ZIP ST. PETERSBURG FL 33702

4.1 TITLE  Change  Addition  
4.2 NAME BORENSEN, BETTY  
4.3 STREET ADDRESS 930-85TH AVE. NO. #207  
4.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33702

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-11-99

727-579-1081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)