


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91413 022 ****61.25

DOCUMENT # 725878					
1. Entity Name CONCORD VILLAGE SOUTH CONDOMINIUM ASSOCIATION NO. 3, INC.					
Principal Place of Business 930/970/1020 85TH AVE N SAINT PETERSBURG FL 33702 US			Mailing Address C/O ALL FLORIDA REALTY 13017 PARK BLVD N SEMINOLE FL 33776 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1676715	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAYLOR, ADORE C/O ALL FLORIDA REALTY SERVICES 13017 PARK BLVD N SEMINOLE FL 33776			Name KIM KAZAR		
			Street Address (P.O. Box Number is Not Acceptable) C/O ALL FLORIDA REALTY SERVICES		
			13017 PARK BLVD.		
			City ST. PETERSBURG		FL
6. 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 <i>K. Kazar as agent</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 4/25/03	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PAYLISS		NAME	EARL HURDLE	
STREET ADDRESS	1020 85TH AVE N # 218		STREET ADDRESS	930 85TH AVE N. # 407	
CITY-ST-ZIP	ST PETERSBURG FL 33702		CITY-ST-ZIP	ST. PETERSBURG, FL. 33702	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURDLE, BUD		NAME	BARBARA MCCHESENEY	
STREET ADDRESS	930 85TH AVE N.		STREET ADDRESS	970 85TH AVE. N. # 117	
CITY-ST-ZIP	ST PETERSBURG FL 33702		CITY-ST-ZIP	ST. PETERSBURG, FL. 33702	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOERSEN, BETTY		NAME	DONNA GOLDIC	
STREET ADDRESS	930 85TH AVE N # 207		STREET ADDRESS	930 85TH AVE. N. # 121	
CITY-ST-ZIP	ST. PETERSBURG FL 33702		CITY-ST-ZIP	ST. PETERSBURG, FL. 33702	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALZ, BARBARA		NAME	VI GANCI	
STREET ADDRESS	930 85TH AVE N # 103		STREET ADDRESS	930 85TH AVE. N. # 115	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702		CITY-ST-ZIP	ST. PETERSBURG, FL. 33702	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GLADYS WITTE	
STREET ADDRESS			STREET ADDRESS	930 85TH AVE. N. # 405	
CITY-ST-ZIP			CITY-ST-ZIP	ST. PETERSBURG, FL. 33702	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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>SIGNATURE REQUIRED</i>		DATE: 4/25/03		DAYTIME PHONE: 727-319-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	

00031003



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)