


**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

|   |                           |  |  |   |  |
|---|---------------------------|--|--|---|--|
| <b>DOCUMENT # 725878</b>  |                           |  |  |                |  |
| 1. Entity Name<br><b>CONCORD VILLAGE SOUTH CONDOMINIUM ASSOCIATION NO. 3, INC.</b>  |                           |  |  |   |  |
| Principal Place of Business<br>930/970/1020 85TH AVE N<br>SAINT PETERSBURG FL 33702<br>US   |                           |  | Mailing Address<br>C/O ALL FLORIDA REALTY<br>13017 PARK BLVD N<br>SEMINOLE FL 33776<br>US    |   |  |
| 2. Principal Place of Business  |                           | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |                           | Suite, Apt. #, etc.  |  |   |  |
| City & State  |                           | City & State   |  | 4. FEI Number <b>59-1676715</b>   |  |
| Zip   |                           | Country  |  | Applied For<br>Not Applicable   |  |
| Zip   |                           | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 8. Name and Address of Current Registered Agent   |                           |  | 7. Name and Address of New Registered Agent  |   |  |
| SAYLOR, ADORE<br>C/O ALL FLORIDA REALTY SERVICES<br>13017 PARK BLVD N<br>SEMINOLE FL 33776  |                           |  | Name<br><b>KIM KAZAR</b>   |   |  |
|   |                           |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>C/O ALL FLORIDA REALTY SERVICES</b> |   |  |
|   |                           |  | 13017 PARK BLVD.   |   |  |
|   |                           |  | City<br><b>ST. PETERSBURG</b>  |   | 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>  |                           | Signature, typed or printed name of registered agent and title if applicable.    |  | DATE <b>4/25/03</b>   |  |
| 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  | RESIDENT  | <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>  |                           | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR               |  | DATE <b>4/25/03</b> DAYTIME PHONE # <b>727-319-2200</b>   |  |

00031003



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)