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FILED
May 15 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 # 769658 (6)
1. Corporation Name
LAKE TARPON SAIL AND TENNIS CLUB III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % JOSEPH D SPROWLS, PREMIERE MANAGEMENT 40347 US 19 NORTH, STE 113 TARPON SPRINGS FL 34689	Mailing Address % JOSEPH D SPROWLS, PREMIERE MANAGEMENT 40347 US 19 NORTH, STE 113 TARPON SPRINGS FL 34689-4841
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3. Date Incorporated or Qualified 08/02/1983	3a. Date of Last Report 12/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-2938772 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
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9. Name and Address of Current Registered Agent
**SPROWLS, JOSEPH D
% JOSEPH D SPROWLS, PREMIERE MANAGEMENT
40347 US 19 NORTH, STE 113
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent
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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAWBECKER, HERBERT	
STREET ADDRESS	90 HIGHLAND AVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCFARLAND, JUNE	
STREET ADDRESS	90 HIGHLAND AVENUE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEAVER, CAROL	
STREET ADDRESS	90 HIGHLAND AVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOODWIN, DICK	
STREET ADDRESS	90 HIGHLAND AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AUSTIN, JAMIE	
STREET ADDRESS	90 HIGHLAND AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MESSINA, EILEEN	
STREET ADDRESS	90 HIGHLAND AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lawlor, Barbara	
1.3 STREET ADDRESS	90 Highland Ave #210	
1.4 CITY-ST-ZIP	Tarpon Springs, FL	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCFARLAND, JUNE	
2.3 STREET ADDRESS	90 Highland Ave # 204	
2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Weaver, Carole	
3.3 STREET ADDRESS	90 Highland Ave. # 308	
3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Goodwin, Dick	
4.3 STREET ADDRESS	90 Highland Ave # 317	
4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Karwoski, Janice	
5.3 STREET ADDRESS	90 Highland Ave # 321	
5.4 CITY-ST-ZIP	Tarpon Springs, FL	
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: *[Signature]* DATE: 4-23-97 DAYTIME PHONE #: 938-6299

CR2E037 (9/96)