

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 08/02/1983	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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: Dominick Scannavino
82 Street Address (P.O. Box Number is Not Acceptable): 3490 East Lake Rd., Suite C
83
84 City: Palm Harbor FL 85 Zip Code: 34685

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]* DATE: 6/8/98

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAWLOR, BARBARA	
STREET ADDRESS	90 HIGHLAND AVE., #210	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCFARLAND, JUNE	
STREET ADDRESS	90 HIGHLAND AVE., #204	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEAVER, CAROLE	
STREET ADDRESS	90 HIGHLAND AVE., #303	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOODWIN, DICK	
STREET ADDRESS	90 HIGHLAND AVE., #317	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KARWOSKI, JANICE	
STREET ADDRESS	90 HIGHLAND AVE., #321	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	90 S. Highland Ave. #210
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	90 S. Highland Ave. #204
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	90 S. Highland Ave. #308
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	90 S. Highland Ave. #317
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	90 S. Highland Ave. #321
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

CR2E037 (10/97)