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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 769658

1. Corporation Name  
**LAKE TARPON SAIL AND TENNIS CLUB III CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 % JOSEPH D SPROWLS, PREMIERE MANAGEMENT 40347 US 19 NORTH, STE 113 TARPON SPRINGS FL 34689



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1050-A EAST LAKE	26	1050-A EAST LAKE	08/02/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	WOODLANDS PKWY	27	WOODLANDS PKWY	59-2938772	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Oldsmar, FL	28	Oldsmar, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 34677	25	Country US		
29	Zip 34677	30	Country US		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCANNAVINO, DOMINICK 3490 EAST LAKE RD, STE C 40347 US 19 NORTH, STE 113 PALM HARBOR FL 34685				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 1050-A EAST LAKE WOODLANDS PKWY			
				83			
				84 City Oldsmar FL 85 Zip Code 34677			

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: *Dominick Scannavino* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWLOR, BARBARA		1.2 NAME		
STREET ADDRESS	90 S HIGHLAND AVENUE, #210		1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCFARLAND, JUNE		2.2 NAME		
STREET ADDRESS	90 S HIGHLAND AVENUE, #204		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEAVER, CAROLE		3.2 NAME		
STREET ADDRESS	90 S HIGHLAND AVENUE, #308		3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODWIN, DICK		4.2 NAME	VP SECRETARY	
STREET ADDRESS	90 HIGHLAND AVENUE, #317		4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KARWOSKI, JANICE		5.2 NAME		
STREET ADDRESS	90 S HIGHLAND AVENUE, #321		5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Carole Weaver* SIGNATURE REQUIRED: *Carole Weaver* 2/2/99 727-938-6299

CR2E037 (1/98)