

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90409 037 ****61.25

DOCUMENT # 769658

1. Entity Name

Lake Tarpon Sail & Tennis Club III CONDO ASSOC, INC.

Principal Place of Business Mailing Address SAME
 1050-A East Lake Woodlands Parkway
 Oldsmar, FL 34677

2. Principal Place of Business 1050-A ELW Parkway
 3. Mailing Address SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Oldsmar, FL City & State SAME

Zip 34677 Country USA Zip SAME Country SAME

4. FEI Number 59-2938772 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Scannavino, Dominick
 1050-A East Lake Woodlands Parkway
 Oldsmar, FL 34677

7. Name and Address of New Registered Agent

Name Scannavino, Dominick
 Street Address (P.O. Box Number is Not Acceptable)
 1050-A East Lake Woodlands Parkway
 City Oldsmar FL Zip Code 34677

8. 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.

SIGNATURE *[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|---|
| TITLE | P (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Strout, Warren |
| STREET ADDRESS | 90 S. Highland Ave # 213 |
| CITY-ST-ZIP | Tarpon Springs, FL 34689 |
| TITLE | VP (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Padberg, Daniel |
| STREET ADDRESS | 90 S. Highland Ave # 216 |
| CITY-ST-ZIP | Tarpon Springs, FL 34689 |
| TITLE | S (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Metzler, Gary |
| STREET ADDRESS | 90 S. Highland Ave # 214 |
| CITY-ST-ZIP | Tarpon Springs, FL 34689 |
| TITLE | T (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Novak, Joseph |
| STREET ADDRESS | 90 S. Highland Ave # 302 |
| CITY-ST-ZIP | Tarpon Springs, FL 34689 |
| TITLE | D (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lawler, Barbara |
| STREET ADDRESS | 90 S. Highland Ave # 210 |
| CITY-ST-ZIP | Tarpon Springs, FL 34689 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E037 (11/00)

12. 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 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 information.

SIGNATURE: *Joseph O. Novak* 4/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #