

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90181 039 \*\*\*\*61.25

11/11/03

**DOCUMENT # 769658**

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

Principal Place of Business  
**1050-A ELW PARKWAY  
OLASMAR AL 34677  
US**

Mailing Address  
~~**1050-A ELW PARKWAY  
OLASMAR AL 34677  
US**~~

2. Principal Place of Business  
Suite, Apt. #, etc.  
**Association Data Management, Inc.  
P.O. Box 2007**

3. Mailing Address  
City & State  
**Dunedin, Florida 34697-2007**

City & State  
**Dunedin, Florida 34697-2007**

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2938772** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**SCANNAVINO, DOMINICK  
1050-A EAST LAKE WOODLANDS PKWY  
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dominick Scannavino* (NOTE: Registered Agent signature required when reinstating) DATE **3/26/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DD LAWLER, BARBARA 90 S HIGHLAND AVENUE, #210 TARPON SPRINGS FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD METZLER, GARY 90 S HIGHLAND AVE #214 TARPON SPRINGS FL 34689</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD NOVAK, JOSEPH 90 S HIGHLAND AVE #302 TARPON SPRINGS FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STROUT, WARREN 90 S HIGHLAND AVE #213 TARPON SPRINGS FL 34689</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PADBERG, DANIEL 90 S HIGHLAND AVE #216 TARPON SPRINGS FL 34689</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: *Stephen C. Lawler* **3/26/03** **727 735-0031**

CR2E037 (10/02)