

FILE NOW: FILING FEE IS \$61.25

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Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03104 (9)
1. Corporation Name
TALBOT HOUSE III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 122 ANDREWS AVE. DELRAY BCH. FL 33483-4025
Mailing Address: 122 ANDREWS AVE. DELRAY BCH. FL 33483-4025

3. Date Incorporated or Qualified: 05/16/1984
4. FEI Number: 59-2451507
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: TALBOT, RETTIG W. 122 ANDREWS AVE. #1A DELRAY BCH. FL 33483

10. Name and Address of New Registered Agent (81-85): TALBOT, RETTIG W. 515 N. W. 12TH ST. DELRAY BEACH FL 33444

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: RETTIG W. TALBOT, PRES. (Signature: Rettig W. Talbot) DATE: 1/12/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TALBOT, RETTIG W.	
STREET ADDRESS	122 ANDREWS AVE. #1A	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEX, MARY LEE	
STREET ADDRESS	122 ANDREWS AVE #3	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COALE, GRETCHEN T.	
STREET ADDRESS	122 ANDREWS AVE. #2	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
1.3 STREET ADDRESS	515 N. W. 12TH ST.
1.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33444
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D
3.2 NAME	MOREL B. JONES, MOREL B.
3.3 STREET ADDRESS	122 ANDREWS AVE, #2
3.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33483
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	MOORE, BARBARA S.
4.4 CITY-ST-ZIP	122 ANDREWS AVE #1 DELRAY BEACH, FL. 33483
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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.

SIGNATURE: Rettig W. Talbot (Signature) DATE: 1/12/98 FILING FEE: \$61.25

CP2E037 (10/97)