2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03104

Entity Name

TALBOT HOUSE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

122 ANDREWS AVE.

122 ANDREWS AVE. DELRAY BCH. FL 33483-4025 DELRAY BCH, FL 33483-7025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-245 1507 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TALBOT, RETTIG W. 515 NW 12TH ST DELRAY BCH. FL 33444 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to-Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ■ Addition CR2E037 (9/99 ☐ Delete TITLE TALBOT, RETTIG W. NAME NAME STREET ADDRESS STREET ADDRESS 515 NW 12TH ST CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH. FL 33444 Change ☐ Addition TITLE ⊕ DS ☐ Delete TITLE Lex, Mary Lee NAME LEX. MARY LEE NAME STREET ADDRESS 122 Andrews Ave #3 STREET ADDRESS 122 ANDREWS AVE #3 Delray Beach, Fl. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL **I** Change ☐ Addition TITLE DS -Delete TITLE Jones, Morel B. JONES, MOREL B. NAME 122 Andrews Ave, #2 Delray Beach, F1. 33483 STREET ADDRESS STREET ADDRESS 122 ANDREWS AVE., #2 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 DP ☐ Change Addition DP □X Delete TITLE Palka, Donald 122 Andrews Ave. #1 MOORE BARBARA S. NAME STREET ADDRESS STREET ADDRESS 122 ANDREWS AVE #1 Delray Beach, Fl. 33483 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date Daytime Phone #

FILED

May 03, 2000 8:00 am Secretary of State

05-03-2000 90087 002 ****61.25