

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 JAN 25 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N42086 (1)**

1. Corporation Name

**BEACH COTTAGES III CONDOMINIUM ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

C/O PAREKH DENNARD CO.  
2700 EAST BAY DR. #107  
LARGO FL 34641  
US

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2700 EAST BAY DR. #107  
LARGO FL 34641  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/14/1991</b>	3a. Date of Last Report <b>02/21/1994</b>
4. FEI Number <b>59-3048276</b>	Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAAC ROSS  
18450 GULF BLVD  
SUITE 305  
INDIAN SHORES FL 34635

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	<del>JOHNSON, GLEN</del>
STREET ADDRESS	<del>18395 GULF BLVD., #204</del> ← delete
CITY - ST - ZIP	<del>INDIAN SHORES FL 34635</del>
TITLE	<del>D</del>
NAME	<del>ROCHFORD, JAMES</del> ← delete
STREET ADDRESS	<del>P.O. BOX 607</del>
CITY - ST - ZIP	<del>DRESSER, WI 54009</del>
TITLE	ST
NAME	ROSS, ISAAC
STREET ADDRESS	18450 GULF BLVD 307 OK
CITY - ST - ZIP	INDIAN SHORES FL 34635
TITLE	D
NAME	PARKE, ROBERT (ROY) OK
STREET ADDRESS	3719 TANNER RD
CITY - ST - ZIP	DOVER FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

*ISAAC ROSS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-95 (P/B) 595-0664  
Date Signature (Print)