

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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

3. Date Incorporated or Qualified  
**02/14/1991**

3a. Date of Last Report  
**01/25/1995**

2. Principal Place of Business

2a. Mailing Address

21

26 **C/O PAREKH, Commons + Co**

4. FEI Number

**59-3048276**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 **same**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

25

29 Zip Country

30

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

**ALBERT WEAVER**

82 Street Address (P.O. Box Number is Not Acceptable)

**18450 GULF BLVD # 208**

83

84 City

**INDIAN SHORES**

**FL**

85 Zip Code

**34635**

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

*Albert R. Weaver*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**1-24-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORRIS, KENNETH	
STREET ADDRESS	18450 GULF BLVD., #209	
CITY - ST - ZIP	INDIAN SHORES FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, ISAAC	
STREET ADDRESS	18450 GULF BLVD 307	
CITY - ST - ZIP	INDIAN SHORES FL 34635	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKE, ROBERT	
STREET ADDRESS	3719 TANNER RD	
CITY - ST - ZIP	DOVER FL 33527	
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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VPD PARKE, ROY</b>
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S/T ROCKFORD, JAMES</b>
4.3 STREET ADDRESS	<b>2232 100th AVE</b>
4.4 CITY - ST - ZIP	<b>DRESSER, WI 54009</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D SEUBERT, PAUL</b>
5.3 STREET ADDRESS	<b>1125 SPRINGHILL DR</b>
5.4 CITY - ST - ZIP	<b>MISSISSAUGA, ONT, CANADA L5H 1N2</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D WEAVER, ALBERT</b>
6.3 STREET ADDRESS	<b>18450 GULF BLVD #208</b>
6.4 CITY - ST - ZIP	<b>INDIAN SHORES, FL 34635</b>

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 119.07(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

*Albert R. Weaver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-96**  
Date

**83-593-2343**  
Daytime Phone #

CR2E037 (12/95)