

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34644  
US

C/O PAREKH. COMMONS & CO.  
2700 EAST BAY DR. #107  
LARGO FL 33771-2459  
US



2. Principal Place of Business

2a. Mailing Address

21 **C/O PAREKH, COMMONS & CO**

26

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

3a. Date of Last Report  
**01/30/1996**

4. FEI Number  
**59-3048276**

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33771** Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEAVER, ALBERT**  
**18450 GULF BLVD 208**  
**SUITE 305**  
**INDIAN SHORES FL 34835**

**33785 (NEW ZIP)**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **NORRIS, KENNETH**  
STREET ADDRESS **18450 GULF BLVD., #209**  
CITY-ST-ZIP **INDIAN SHORES FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **CT** ☐ DELETE  
NAME **ROCHFORD, JAMES**  
STREET ADDRESS **2232 100TH AVENUE**  
CITY-ST-ZIP **DRESSER WI**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **PARKE, ROY**  
STREET ADDRESS **3719 TANNER RD**  
CITY-ST-ZIP **DOVER FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **SEUBERT, PAUL** ☐ DELETE  
NAME **1125 SPRINGHILL DRIVE**  
STREET ADDRESS **MISSISSAUGA ON**  
CITY-ST-ZIP

4.1 TITLE **D/T** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **WEAVER, ALBERT** ☐ DELETE  
NAME **18450 GULF BLVD 208**  
STREET ADDRESS **INDIAN SHORES FL**  
CITY-ST-ZIP

5.1 TITLE **D/S** ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Albert S. Weaver* 1-9-97

Date

Daytime Phone # 0051631

813-593-2343

CR2E037 (9/96)