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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N42086

1. Corporation Name

**BEACH COTTAGES III CONDOMINIUM ASSOCIATION, INCO
 RPORATED**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **BEACH COTTAGES III**

Suite, Apt. #, etc.

22 **18450 GULF BLVD**

City & State

23 **INDIAN SHORES FL**

Zip

24 **33785**

Country

25 **US**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/14/1991

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

9. Name and Address of Current Registered Agent

WEAVER, ALBERT
18450 GULF BLVD 208
~~INDIAN SHORES FL 33785~~
INDIAN SHORES FL 33785

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORRIS, KENNETH	
STREET ADDRESS	18450 GULF BLVD., #209	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCHFORD, JAMES	
STREET ADDRESS	2232 100TH AVENUE	
CITY-ST-ZIP	DRESSER WI 54009	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PARKE, ROY	
STREET ADDRESS	3719 TANNER RD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SEUBERT, PAUL	
STREET ADDRESS	1125 SPRINGHILL DRIVE	
CITY-ST-ZIP	MISSISSAUGA ON L5H1N	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WEAVER, ALBERT	
STREET ADDRESS	18450 GULF BLVD 208	
CITY-ST-ZIP	INDIAN SHORES FL 33785	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" 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	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1205 CLARKSON RD #3	
4.4 CITY-ST-ZIP	MISSISSAUGA ONT ON L5J 2W1	
5.1 TITLE	P	<input checked="" 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)(j), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert R. Weaver

Date: _____ Daytime Phone # _____

CR2E037 (1/98)