

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90297 020 \*\*\*\*61.25

**DOCUMENT # N42086**

1. Entity Name

**BEACH COTTAGES III CONDOMINIUM ASSOCIATION, INCO**

Principal Place of Business

**C/O PAREKH. COMMONS & CO  
 18450 GULF BLVD  
 INDIAN SHORES FL 33785  
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3048276**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>ROMANO, LUKE</b>	<b>9686 104TH AVE N LARGO FL 33773</b>				
	<b>D</b>	<b>ROCHFORD, JAMES</b>	<b>2232 100TH AVENUE DRESSER WI 54009</b>				
	<b>VPD</b>	<b>PARKE, ROY</b>	<b>3719 TANNER RD DOVER FL 33527</b>				
	<b>ST</b>	<b>SEUBERT, PAUL</b>	<b>1205 CLARKSON RD #3 MISSISSAUGA ON L5H1N</b>				
	<b>P</b>	<b>WEAVER, ALBERT</b>	<b>18450 GULF BLVD 208 INDIAN SHORES FL 33785</b>				

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/01/01 727-593-2343**

Date

Daytime Phone #

CR2E037 (10/00)