


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90171 045 ****61.25

DOCUMENT # N42086					
1. Entity Name BEACH COTTAGES III CONDOMINIUM ASSOCIATION, INCORPORATED					
Principal Place of Business 18450 GULF BLVD INDIAN SHORES, FL 33785 US			Mailing Address 300 S. DUNCAN AVE. SUITE 220B CLEARWATER, FL 33755 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 <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, JOHN		NAME		
STREET ADDRESS	15 CRANDELL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MARKHAM, ONTARIO CANADA,		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAK, BILL		NAME	Lamarca, Ray	
STREET ADDRESS	41 TREEBROOK COURT		STREET ADDRESS	1320 Ivygreen Ct.	
CITY-ST-ZIP	WILLIAMSVILLE, NY 14221		CITY-ST-ZIP	W. Tonawanda, NY 14120	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, JOE		NAME	Burns, Joe	
STREET ADDRESS	105 WOODSTONE LANE		STREET ADDRESS	137 Yacht Club Circle	
CITY-ST-ZIP	NEW KENSINGTON, PA 15068		CITY-ST-ZIP	N. Redington Beach, FL 33708-1583	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERER, CARL		NAME		
STREET ADDRESS	18450 GULF BLVD. #502		STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, ALBERT		NAME		
STREET ADDRESS	18450 GULF BLVD 208		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Albert R. Weaver</i>				Date: <i>2/29/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <i>727-593-2343</i>	