


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90042 030 \*\*\*\*61.25

<b>DOCUMENT # N42086</b> 1. Entity Name <b>BEACH COTTAGES III CONDOMINIUM ASSOCIATION, INCORPORATED</b>					
Principal Place of Business <b>18450 GULF BLVD INDIAN SHORES, FL 33785 US</b>			Mailing Address <b>300 S. DUNCAN AVE. SUITE 220B CLEARWATER, FL 33755 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3048276</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEAVER, ALBERT 18450 GULF BLVD 208 INDIAN SHORES, FL 33785</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIE, JOHN		NAME	Joseph Delahanty	
STREET ADDRESS	15 CRANDELL DRIVE		STREET ADDRESS	14 Old Farm Rd.	
CITY-ST-ZIP	MARKHAM, ONTARIO CANADA,		CITY-ST-ZIP	Salem, NH 03079	
TITLE	VP ST	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMARCA, RAY		NAME		
STREET ADDRESS	1320 IVYGREEN CT		STREET ADDRESS		
CITY-ST-ZIP	NORTH TONAWANDA, NY 14120		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, JOE		NAME		
STREET ADDRESS	137 YACHT CLUB CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	N. REDINGTON BEACH, FL 337081583		CITY-ST-ZIP		
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	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" 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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Albert R. Weaver</i> <b>ALBERT R. WEAVER</b> <b>2.10.06</b> <b>593-2343</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					