

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90060 015 \*\*\*\*61.25

**DOCUMENT # N42086**

1. Entity Name

**BEACH COTTAGES III CONDOMINIUM ASSOCIATION, INCORPORATED**



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

**300 S. Duncan Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 220B**

City & State

City & State

**Clearwater, FL**

Zip

Country

Zip

Country

**33755**

**USA**

4. FEI Number **59-3048276**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **ROMANO, LUKE**  
STREET ADDRESS **9686 104TH AVE N**  
CITY-ST-ZIP **LARGO FL 33773**

TITLE **VP/D** ☐ Change ☒ Addition  
NAME **John Christie**  
STREET ADDRESS **15 Crandell Drive**  
CITY-ST-ZIP **Markham, Ontario, Canada L3P 5P4**

TITLE **D** ☒ Delete  
NAME **ROCHFORD, JAMES**  
STREET ADDRESS **2232 100TH AVENUE**  
CITY-ST-ZIP **DRESSER WI 54009**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Bill Zak**  
STREET ADDRESS **41 Treebrook Court**  
CITY-ST-ZIP **Williamsville, NY 14221**

TITLE **VPD** ☒ Delete  
NAME **PARKE, ROY**  
STREET ADDRESS **3719 TANNER RD**  
CITY-ST-ZIP **DOVER FL 33527**

TITLE **T** ☐ Change ☒ Addition  
NAME **Joe Burns**  
STREET ADDRESS **105 Woodstone Lane**  
CITY-ST-ZIP **New Kensington, PA 15068**

TITLE **ST** ☒ Delete  
NAME **SEUBERT, PAUL**  
STREET ADDRESS **1205 CLARKSON RD #3**  
CITY-ST-ZIP **MISSISSAUGA ON L5H1N**

TITLE **D** ☐ Change ☒ Addition  
NAME **Carl Sherer**  
STREET ADDRESS **18450 Gulf Blvd # 502**  
CITY-ST-ZIP **Indian Shores, FL 33785**

TITLE **P** ☐ Delete  
NAME **WEAVER, ALBERT**  
STREET ADDRESS **18450 GULF BLVD 208**  
CITY-ST-ZIP **INDIAN SHORES FL 33785**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

*Albert Weaver* 2/28/03 727 593-2343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)