

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90028 036 \*\*\*\*61.25

**DOCUMENT # N97000006692**

1. Corporation Name

**SEASIDE AT BELLEAIR III CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**1208 SOUTH MYRTLE AVENUE  
CLEARWATER FL 33756**

Mailing Address

**1208 SOUTH MYRTLE AVENUE  
CLEARWATER FL 33756**



2. Principal Place of Business

2a. Mailing Address

**2189 Cleveland Street #225  
Clearwater, FL 33765**

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Clearwater, FL 33765**

3. Date Incorporated or Qualified

**11/26/1997**

4. FEI Number

**59-3492236**

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

**JUENGLING, CHARLES E  
1208 SOUTH MYRTLE AVENUE  
CLEARWATER FL 33756**

81 Ne  
82 St  
83  
84 Cr

10. Name and Address of New Registered Agent

**Leighton, Lennard A.  
Seaboard Arbors Management Service  
2189 Cleveland Street #225  
Clearwater, FL 33765**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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)

**3/24/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JUENGLING, CHARLES E	
STREET ADDRESS	1208 SOUTH MYRTLE AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	BYRD, ROBERT W	
STREET ADDRESS	1208 SOUTH MYRTLE AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HESS, KATHLEEN J	
STREET ADDRESS	1208 SOUTH MYRTLE AVENUE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Lankton	
1.3 STREET ADDRESS	Three Seaside Lane #402	
1.4 CITY-ST-ZIP	Belleair, FL 33756	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rolf Jensen	
2.3 STREET ADDRESS	Three Seaside Lane #301	
2.4 CITY-ST-ZIP	Belleair, FL 33756	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	E. Rex Smyth	
3.3 STREET ADDRESS	Three Seaside Lane #401	
3.4 CITY-ST-ZIP	Belleair, FL 33756	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Constance Goodwillie-Dopson	
4.3 STREET ADDRESS	Three Seaside Lane #502	
4.4 CITY-ST-ZIP	Belleair, FL 33756	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Russell Banks	
5.3 STREET ADDRESS	Three Seaside Lane #202	
5.4 CITY-ST-ZIP	Belleair, FL 33756	
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)(i), 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

Date

Daytime Phone #

**3-9-99 (727) 446-4452**

CR2E037 (11/98)

008-4353