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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90199 031 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N05315**

1. Corporation Name

**CONTINENTAL OAKS III HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

P.O. BOX 37040  
TALLAHASSEE FL 32315

Mailing Address

P.O. BOX 37040  
TALLAHASSEE FL 32315



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/24/1984

4. FEI Number

59-2765557

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

SAULS, JAMES S.  
1121 OCALA ROAD  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name Betty Capps  
82 Street Address (P.O. Box Number is Not Acceptable)  
1471 Capital Circle NW Suite B  
83 Tallahassee  
84 City FL 85 Zip Code 32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 Betty Capps Betty Capps 4/27/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAULS, JAMES S.	
STREET ADDRESS	2849 GREEN FOREST LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOURLANA, WALLACE	
STREET ADDRESS	2103 CONTINENTAL AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STONG, MAELINE	
STREET ADDRESS	5055 ICICLE HILL RA	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, MARY	
STREET ADDRESS	2103 CONTINENTAL AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SA	<input checked="" type="checkbox"/> DELETE
NAME	DEATER, KIMBERLY	
STREET ADDRESS	1151 OCALA RD	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRONG, LAUREN	
STREET ADDRESS	1115 OCALA RD	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

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	Wallace Bourland	
1.3 STREET ADDRESS	2103 Continental Ave.	
1.4 CITY-ST-ZIP	Tallahassee, FL 32304	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Randy Lane	
2.3 STREET ADDRESS	2904 Terry Road 32312	
2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
3.1 TITLE	S/T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mary Smith	
3.3 STREET ADDRESS	Route 2 Box 392 A	
3.4 CITY-ST-ZIP	Havana, FL 32333	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James Sauls	
4.3 STREET ADDRESS	2849 Green Forest Lane	
4.4 CITY-ST-ZIP	Tallahassee, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Madeline Strong	
5.3 STREET ADDRESS	5055 Icicle Hill	
5.4 CITY-ST-ZIP	Tallahassee, FL 32303	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dallas Marshall	
6.3 STREET ADDRESS	1605 Paula Drive	
6.4 CITY-ST-ZIP	Tallahassee, FL	

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:

Mary Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1999 576-5165  
Date Daytime Phone #

CR2E037 (11/98)