

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725878

**Entity Name:** CONCORD VILLAGE SOUTH CONDOMINIUM ASSOCIATION NO. 3, INC.

**FILED**  
**May 21, 2020**  
**Secretary of State**  
**6275074401CC**

**Current Principal Place of Business:**

930/970/1020 85TH AVE N  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

8821 M. L. KING ST NO  
ST. PETERSBURG, FL 33702 US

**FEI Number: 59-1676715**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TYLER, SHIRLEY A  
8821 M. L. KING ST NO  
ST, PETERSBURG, FL 33702 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LELAND, MICHELLE  
Address        970 85TH AVE. N. #216  
City-State-Zip: ST. PETERSBURG FL 33702

Title           PRESIDENT  
Name           CRISP, WILLIAM  
Address        970 85TH AVE. N. #213  
City-State-Zip: ST. PETERSBURG FL 33702

Title           DIRECTOR  
Name           CULP, DONALD  
Address        1020 85TH AVENUE N. # 122  
City-State-Zip: ST. PETERSBURG, FL 33702

Title           SECRETARY  
Name           ROOD, SALLY  
Address        970 85TH AVENUE N. # 113  
City-State-Zip: ST. PETERSBURG FL 33702

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM CRISP**

**PRESIDENT**

**05/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date