

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769658

**Entity Name:** LAKE TARPON SAIL AND TENNIS CLUB III CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 10, 2016**  
**Secretary of State**  
**CC2575580406**

**Current Principal Place of Business:**

36434 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34688

**Current Mailing Address:**

ASSOCIATION DATA MANAGEMENT  
36434 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34688 US

**FEI Number: 59-2938772**

**Certificate of Status Desired: No**

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

ASSOCIATION DATA MANAGEMENT  
ASSOCIATION DATA MANAGEMENT  
36434 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34688 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: LYNN M. PARRISH**

**03/10/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name NOVAK, JOSEPH  
Address 36434 U.S. HIGHWAY 19 NORTH  
City-State-Zip: PALM HARBOR FL 34688

Title VP  
Name JOHNSTON, SR, CHARLES  
Address 36434 U.S. HIGHWAY 19 NORTH  
City-State-Zip: PALM HARBOR FL 34688

Title P  
Name CASE, GAIL E.  
Address 36434 U.S. HIGHWAY 19 NORTH  
City-State-Zip: PALM HARBOR FL 34688

Title SECRETARY  
Name WASSER, MERRI  
Address 36434 U.S. HIGHWAY 19 NORTH  
City-State-Zip: PALM HARBOR FL 34688

Title TREASURER  
Name KING, JOYCE  
Address 36434 U.S. HIGHWAY 19 NORTH  
City-State-Zip: PALM HARBOR FL 34688

*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: GAIL E. CASE**

**PRESIDENT**

**03/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date