

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754929

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: PACESETTER III CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

504 67TH AVE  
P O BOX 66245  
ST. PETE BEACH, FL 33706 US

## New Principal Place of Business:

504 67TH AVE  
ST PETERSBURG BEAACH, FL 33706 US

## Current Mailing Address:

7217 GULF BLVD  
PO BOX 66245  
SAINT PETE BEACH, FL 33706959 US

## New Mailing Address:

352 150TH AVENUE  
SUITE E  
MADEIRA BEACH, FL 337082090 US

FEI Number: 59-2173225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHNOOR, FRANK  
7217 GULF BLVD  
ST PETERSBURG, FL 33706 US

## Name and Address of New Registered Agent:

HOLMES, ROBERT G  
504 67TH AVENUE  
UNIT 9  
ST PETERSBURG BEACH, FL 33706 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: ROBERT G HOLMES

04/24/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HOLMES, ROBERT  
Address: 14 MURPHY'S LANE  
City-St-Zip: LOGY BAY, NL 3E8

Title: DV ( ) Delete  
Name: O'NEILL, DERMOT  
Address: 504 67TH AVE. UNIT #13  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: DST ( ) Delete  
Name: MCGARVEY, LISA  
Address: 816 PUGHTOWN ROAD  
City-St-Zip: SPRING CITY, PA 19475

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOLMES, ROBERT  
Address: 504 67TH AVENUE, UNIT 9  
City-St-Zip: ST PETERSBURG BEACH, FL 33706

Title: V (X) Change ( ) Addition  
Name: O'NEILL, DERMOT  
Address: 58 CENTURY DR  
City-St-Zip: SCARBOROUGH, ON CA

Title: ST (X) Change ( ) Addition  
Name: MCGARVEY, LISA  
Address: 816 PUGHTOWN ROAD  
City-St-Zip: SPRING CITY, PA 19475

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT G HOLMES

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date