

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90131 021 ****61.25

DOCUMENT # 760212 1. Entity Name BLIND PASS LAGOONS, UNIT III, CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O COMPREHENSIVE MANAGEMENT, INC. 10575 68TH AVENUE, NORTH, STE B-3 SEMINOLE, FL 33772 US		Mailing Address C/O COMPREHENSIVE MANAGEMENT CO 10575 68TH AVENUE, NORTH, SUITE B-3 SEMINOLE, FL 33772 US	
2. Principal Place of Business BLIND PASS LAGOONS III Suite, Apt. #, etc.: 9825 HARRELL AVE. City & State: TREASURE ISLAND Zip: 33706 Country: PINELLAS		3. Mailing Address C/O LAMONT MANAGEMENT, INC. Suite, Apt. #, etc.: 250 104TH AVE - City & State: TREASURE ISLAND Zip: 33706 Country: PINELLAS	
6. Name and Address of Current Registered Agent GRAHAM, DONALD V COMPREHENSIVE MANAGEMENT, INC 10575 68TH AVENUE, N SUITE B-3 SEMINOLE, FL 33772		7. Name and Address of New Registered Agent Name: SUE LAMONT C/O LAMONT MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable): 250 104TH AVE. City: TREASURE ISLAND FL Zip Code: 33706	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Sue Lamont</i></u> DATE: <u>02/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	SOSS, ROBERT 402		
STREET ADDRESS	9825 HARRELL AVE, #302		
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
TITLE	D	<input type="checkbox"/> Delete	
NAME	DEBRE, RAYMOND		
STREET ADDRESS	9825 HARRELL AVE, #301		
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WILSON, LAWRENCE		
STREET ADDRESS	9825 HARRELL AVE, #202		
CITY-ST-ZIP	TREASURE ISLAND, FL 33706		
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			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	9825 HARRELL AVE - # 402		
CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEORE, RAYMOND		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>[Signature]</i></u> 3-13-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			