

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90036 049 ****61.25

DOCUMENT # 760212

1. Entity Name
**BLIND PASS LAGOONS, UNIT III, CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**BLIND PASS LAGOONS, III
9825 HARRELL AVE
TREASURE ISLAND, FL 33706 US**

Mailing Address
**C/O LAMONT MANAGEMENT, INC.
250 104TH AVE
TREASURE ISLAND, FL 33706 US**

40010426



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2126922

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMONT, SUE
C/O LAMONT MANAGEMENT, INC.
250 104TH AVE
TREASURE ISLAND, FL 33706**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SOSS, ROBERT**
STREET ADDRESS **9825 HARRELL AVE #402**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **D** ☐ Delete
NAME **DEORE, RAYMOND**
STREET ADDRESS **9825 HARRELL AVE, #301**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE **D** ☒ Delete
NAME **WILSON, LAWRENCE**
STREET ADDRESS **9825 HARRELL AVE, #202**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ROUSE BEN**
STREET ADDRESS **(9825 HARRELL AV) PO Box 908**
CITY-ST-ZIP **ATLANTIC BEACH NC 28512**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robert Soss
Robert Soss
President

Date

Daytime Phone #

1-30-07

727-360-3644