

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90023 026 \*\*\*\*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**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2126922**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Deore, Bernie  
3181 Walkers Lane  
Burlington, Ontario L6M 0E1 Canada** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ROUSE, BEN  
9825 HARRELL AVE. OR P.O. BOX 908  
ATLANTIC BEACH, NC 28512** ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-6-08**