2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2011
Secretary of State

DOCUMENT# 760212

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

Current Principal Place of Business:

BLIND PASS LAGOONS, III
9825 HARRELL AVE
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2126922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEWERS, BILL
Address: 3007 W. LEMON STREET
City-St-Zip: TAMPA, FL 33609

Title: D
Name: DEORE, BERNIE
Address: 3181 WALKERS LN
City-St-Zip: BURLINGTON, ONTARIO, CN L7M 0E1 CA

Title: D
Name: SCHMIDT, RON
Address: 9825 HARRELL AVE. #203
City-St-Zip: TREASURE ISLAND, FL 33706

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: RON SCHMIDT D 02/24/2011

Electronic Signature of Signing Officer or Director Date