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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761285** (6)

1. Corporation Name

S.L. CONDOMINIUM ASSOCIATION III, INC.

Principal Place of Business

**622 SPG LAKES BLVD.
BRADENTON FL 34210
US**

Mailing Address

**622 SPG LAKES BLVD.
BRADENTON FL 34210
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONNER, ROBERT C
622 SPRING LAKES BLVD
BRADENTON FL 34210**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	☐ DELETE
NAME	CONNER, ROBERT C	
STREET ADDRESS	622 SPG LAKES BLVD.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	☐ DELETE
NAME	HINE, MEL	
STREET ADDRESS	626 SPRING LAKES BLVD.	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	SD	☐ DELETE
NAME	FEDROFF, MICHAEL	
STREET ADDRESS	620 SPRINGS LAKES BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	☐ DELETE
NAME	WAYNE, LEONARD	
STREET ADDRESS	609 SPRING LAKES BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	☐ DELETE
NAME	NEMES, CAROL B	
STREET ADDRESS	624 SPRING LAKES BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

JAN 6, 1998 (741) 755-6752

CR2E037 (10/97)