

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761285

1. Entity Name

S.L. CONDOMINIUM ASSOCIATION III, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90062 001 ****61.25

Principal Place of Business

622 SPG LAKES BLVD.
 BRADENTON FL 34210
 US

Mailing Address

MA-CON
 200 SOUTH WASHINGTON BLVD. #4
 SARASOTA FL 34236-6957
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

MA-CON, INC.
 2198 Princeton St., #20
 Sarasota, FL 34237

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2254691

Applied For

Not Applicable

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

WEIL, WARREN
 200 SOUTH WASHINGTON BLVD. #4
 SARASOTA FL 34236

Name

Warren Weil
 MA-CON, INC.
 2198 Princeton St., #20
 Sarasota, FL 34237

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	NEMES, CAROL	
STREET ADDRESS	624 SPRING LAKE BLVD.	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	☐ Delete
NAME	HINE, MEL	
STREET ADDRESS	626 SPRING LAKES BLVD.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VPD	☐ Delete
NAME	FEDROFF, MICHAEL	
STREET ADDRESS	620 SPRINGS LAKES BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	☐ Delete
NAME	WAYNE, LEONARD	
STREET ADDRESS	609 SPRING LAKES BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	☐ Delete
NAME	HARRISON, ETHEL	
STREET ADDRESS	612 SPRING LAKE BLVD.	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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 exemption stated in Section 119.07(3)(i), 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: *CAROL NEMES* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00

CR2E037 (9/99)