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FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765193 (8)

1. Corporation Name

INVERNESS CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O HARBOUR MANAGEMENT
552 MAIN STREET
SAFTTY HARBOR FL 34695C/O HARBOUR MANAGEMENT
552 MAIN STREET
SAFTTY HARBOR FL 34695-35493. Date Incorporated or Qualified
09/27/19823a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2417882Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVEN H. MEZER, P.A.
1212 COURT ST.
SUITE B
CLEARWATER FL 34616

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 VD ☐ DELETE
NAME RAUB, ART
STREET ADDRESS 2591 COUNTRYSIDE, #110
CITY-ST-ZIP CLEARWATER FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME HELEK, JEAN
STREET ADDRESS 2587 COUNTRY SIDE BLVD. #201
CITY-ST-ZIP CLEARWATER FL 346212.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME REILLY, CATHERINE
STREET ADDRESS 2587 COUNTRYSIDE BLVD. #212
CITY-ST-ZIP CLEARWATER FL 346213.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME HUGHES, LARRY
STREET ADDRESS 2591 COUNTRYSIDE BLVD #301
CITY-ST-ZIP CLEARWATER FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME LEMBERGER, ADOLPH
STREET ADDRESS 2591 COUNTRYSIDE BLVD. #201
CITY-ST-ZIP CLEARWATER FL 346215.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME DAVIS, JAN
STREET ADDRESS 2587 COUNTRYSIDE BLVD #307
CITY-ST-ZIP CLEARWATER FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088252

CP2E037 (9/96)

1-20-1997 726-2329