


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 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 # **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 34695

C/O HARBOUR MANAGEMENT
552 MAIN STREET
SAFTTY HARBOR FL 34695



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
24	25
29	30

3. Date Incorporated or Qualified	Applied For
09/27/1982	Not Applicable
4. FEI Number	
59-2417882	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAUB, ART	1.2 NAME	ANDERSON, EDITH
STREET ADDRESS	2591 COUNTRYSIDE, #110	1.3 STREET ADDRESS	2587 COUNTRYSIDE BLVD #301
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEK, JEAN	2.2 NAME	
STREET ADDRESS	2587 COUNTRY SIDE BLVD. #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, CATHERINE	3.2 NAME	
STREET ADDRESS	2587 COUNTRYSIDE BLVD. #212	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, LARRY	4.2 NAME	
STREET ADDRESS	2591 COUNTRYSIDE BLVD #301	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMBERGER, ADOLPH	5.2 NAME	BUSH, CAROLYN
STREET ADDRESS	2591 COUNTRYSIDE BLVD. #201	5.3 STREET ADDRESS	2591 COUNTRYSIDE BLVD #205
CITY-ST-ZIP	CLEARWATER FL 34621	5.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAN	6.2 NAME	
STREET ADDRESS	2587 COUNTRYSIDE BLVD #307	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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] **DAVID COOPER** / **Larry Hughes** 1/16/98 813 530-8405

CR2E037 (10/97)