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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765193

1. Corporation Name

INVERNESS CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 2180 W SR 434

Suite, Apt. #, etc.

22 STE 5000

City & State

23 LONGWOOD FL

Zip

24 32779

Country

25 US

2a. Mailing Address

26 2180 W SR 434

Suite, Apt. #, etc.

27 STE 5000

City & State

28 LONGWOOD FL

Zip

29 32779

Country

30 US

3. Date Incorporated or Qualified

09/27/1982

4. FEI Number

59-2417882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

HART, JAMES W JR

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

SENTRY MANAGEMENT INC

83

2180 W SR 434 STE 5000

84 City

LONGWOOD

FL

85 32779

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

3/19/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ANDERSON, EDITH

STREET ADDRESS 2587 COUNTRYSIDE BLVD, #301

CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE

NAME HELEK, JEAN

STREET ADDRESS 2587 COUNTRY SIDE BLVD. #201

CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE

NAME REILLY, CATHERINE

STREET ADDRESS 2587 COUNTRYSIDE BLVD. #212

CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE

NAME HUGHES, LARRY

STREET ADDRESS 2591 COUNTRYSIDE BLVD #301

CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME BUSH, CAROLYN

STREET ADDRESS 2591 COUNTRYSIDE BLVD, @205

CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE

NAME DAVIS, JAN

STREET ADDRESS 2587 COUNTRYSIDE BLVD #307

CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SD ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE VP ☒ 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, with all other like empowered.

SIGNATURE:

Edith Anderson Edith Anderson 3/30/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0072841

CR2E037-(11/98)