

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765193

1. Entity Name

INVERNESS CONDOMINIUM III ASSOCIATION, INC.

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90128 011 \*\*\*\*61.25

Principal Place of Business

2180 W SR 434  
STE 5000  
LONGWOOD FL 32779  
US

Mailing Address

2180 W SR 434  
STE 5000  
LONGWOOD FL 32779  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2417882

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD FL 32779

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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 ANDERSON, EDITH  
STREET ADDRESS 2587 COUNTRYSIDE BLVD, #301  
CITY-ST-ZIP CLEARWATER FL 34621

TITLE TD ☐ Change ☒ Addition  
NAME MACMILLAN, CARL  
STREET ADDRESS 2591 COUNTRYSIDE BLVD, 5-201  
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE VPD ☐ Delete  
NAME WORTHEN, MARGARET  
STREET ADDRESS 2591 COUNTRYSIDE BLVD 5-301  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BJORGVINSSON, JON  
STREET ADDRESS 2587 COUNTRYSIDE BLVD #6-208  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME SEIP, AMELIA  
STREET ADDRESS 2587 COUNTRYSIDE BLVD #6-208  
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME DAVIS, JAN  
STREET ADDRESS 2587 COUNTRYSIDE BLVD #307  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

799-8982

CR2E037 (9/01)