

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766714 (0)

1. Corporation Name

THE VILLAGE OF PARADISE ISLAND, PHASE III, INC.



Principal Place of Business

Mailing Address

% P.B.M.
5901 SUN BLVD. SUITE 203
ST PETERSBURG FL 33715
US5901 SUN BLVD.
SUITE 203
ST. PETERSBURG FL 33715-1194
US3. Date Incorporated or Qualified
01/26/19833a. Date of Last Report
03/22/1996

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

59-2467752

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

8. 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

NEWTON WILLIAM C
5901 SUN BLVD SUITE 203
ST PETERSBURG FL 33715

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BALLOU, RAY	
STREET ADDRESS	5901 SUN BLVD SUITE 203	
CITY - ST - ZIP	ST PETERSBURG FL 33715	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEDFORD, DABNEY	
STREET ADDRESS	5901 SUN BLVD SUITE 203	
CITY - ST - ZIP	ST PETERSBURG FL 33715	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MONCHRIE, ROBERT	
STREET ADDRESS	5901 SUN BLVD SUITE 203	
CITY - ST - ZIP	ST PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	ND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NORMAN Altenhoff	
1.3 STREET ADDRESS	5901 SUN BLVD. SUITE 203	
1.4 CITY - ST - ZIP	ST. PETERSBURG FL 33715	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George Vosburgh	
2.3 STREET ADDRESS	5901 Sun Blvd., 203	
2.4 CITY - ST - ZIP	St. Petersburg, FL 33715	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/17/97 813-381-2000 1281
Date Daytime Phone # 0051123

CR2E037 (9/96)