FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 APR 25 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03424 (1)

1. Corporation Name

SAND PEBBLE POINTE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1700 MCMULLEN BOOTH RD. STE C3 CLEARWATER FL 34619	1700 MCMULLEN BOOTH RD. STE C3 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2552045 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Seaboard Arbors	26 c/o Seaboard Arbors
Suite, Apt. #, etc. 22 6014 US 19, Ste 501	Suite, Apt. #, etc. 27 6014 US 19, Ste 501
City & State 23 New Port Richey, FL	City & State 28 New Port Richey, FL
Zip / Country 24 34652 / 25 USA	Zip / Country 29 34652 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
HICKS, JOYCE 1700 MCMULLEN BOOTH, STE C3 CLEARWATER FL 34619	81 Name: Leighton, Lennard A. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lennard A. Leighton — 3/22/95
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	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	SIEGGREN, EMIL	1.2 NAME	Eugene Nelson
STREET ADDRESS	4620 BAY BLVD #1151	1.3 STREET ADDRESS	4550 Bay Blvd. #1253
CITY-ST-ZIP	PT RICHEY FL	1.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	PD	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	THOMPSON, ANN	2.2 NAME	Joseph Viscosi
STREET ADDRESS	4650 BAY BLVD #1035	2.3 STREET ADDRESS	4620 Bay Blvd. #1147
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	VANCE, VIRGINIA	3.2 NAME	
STREET ADDRESS	4550 BAY BLVD #1214	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD ☐ Change ☐ Addition
NAME	ENGELHARDT, DORIS	4.2 NAME	Steven Leonard
STREET ADDRESS	4650 BAY BLVD #1057	4.3 STREET ADDRESS	10903 US 19
CITY-ST-ZIP	PT RICHEY FL	4.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RIECHER, MELVIN	5.2 NAME	
STREET ADDRESS	4620 BAY BLVD #1126	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Eugene Nelson — 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eugene Nelson

0018M0