FILE NOW: FILING FEE IS $61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State
03-03-1999 90038 047 ****61.25

0071318

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N03424

1. Corporation Name

SAND PEBBLE POINTE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% SEABOARD ARBORS 6014 US 19. STE 501 NEW PORT RICHEY FL 34652 US	% SEABOARD ARBORS 6014 US 19. STE 501 NEW PORT RICHEY FL 34652 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/04/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2552045 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A.
1700 MCMULLEN BOOTH, STE C3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, EUGENE		1.2 NAME		
STREET ADDRESS	4550 BAY BLVD #1253		1.3 STREET ADDRESS		
CITY-ST-ZIP	PT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BANKS, LUOISE		2.2 NAME		
STREET ADDRESS	4650 BAY BLVD #1027		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	FERGUSON, SAM		3.2 NAME	MEL RIECHER	
STREET ADDRESS	4650 BAY BLVD, #1032		3.3 STREET ADDRESS	4620 BAY BLVD.--#1126	
CITY-ST-ZIP	PT RICHEY FL		3.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	D	☐ DELETE	4.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	BRIDGES, PEGGY		4.2 NAME		
STREET ADDRESS	4650 BAY BLVD #1028		4.3 STREET ADDRESS		
CITY-ST-ZIP	PT RICHEY FL 34668		4.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HUGHES, JIM		5.2 NAME	JOHN FIKSE	
STREET ADDRESS	4550 BAY BLVD #1212		5.3 STREET ADDRESS	4550 BAY BLVD.--#1248	
CITY-ST-ZIP	PT RICHEY FL		5.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #