2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90214 040 ****61.25

DOCUMENT # N03424

1. Entity Name

SAND PEBBLE POINTE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% SEABOARD ARBORS 5313 LOCUST PLACE NEW PORT RICHEY FL 34652 US	% SEABOARD ARBORS 5313 LOCUST PLACE NEW PORT RICHEY FL 34652 US

2. Principal Place of Business	3. Mailing Address
2189 CLEVELAND ST.	2189 CLEVELAND ST.
Suite, Apt. #, etc.: SUITE 225	Suite, Apt. #, etc.: SUITE 225
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33765 Country: U.S.	Zip: 33765 Country: U.S.

1st MOORE CR2E037 (10/04)

4. FEI Number: 59-2552045 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A.
2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, EUGENE 4550 BAY BLVD #1253 PT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PORT RICHEY, FL 34668
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZEDAN, THOMAS 4550 BAY BLVD.#1242 PORT RICHEY FL 34668	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBERT CRAIG, III 4620 BAY BLVD. # 1148 PORT RICHEY, FL 34668 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACCHETTI, AUGUSTO 4550 BAY BLVD. #1241 PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OLSEN, MOM'S 4650 BAY BLVD. #1055 PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition MORRIS OLSEN
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FIKSE, JOHN 4550 BAY BLVD #1248 PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Eugene Nelson 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #