

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N03424 1. Entity Name SAND PEBBLE POINTE III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 US			Mailing Address 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 US		
2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.			3. Mailing Address State, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2552045	
5. Certificate of Status Desired ☐				Applied For ☐	
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 re-appointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 PORT RICHEY FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000951541 06/04/08-80040-004 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORNSTEIN, MELVIN 4550 BAY BLVD, #1238 PORT RICHEY FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 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 LANGE, MICHAEL 4550 BAY BLVD #1215 PORT RICHEY FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 exemptions contained in Section 119, 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]

4-3-08