

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90095 028 ****61.25

DOCUMENT # N03424

1. Entity Name

SAND PEBBLE POINTE III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

% SEABOARD ARBORS
5313 LOCUST PLACE
NEW PORT RICHEY FL 34652
US

Mailing Address

% SEABOARD ARBORS
5313 LOCUST PLACE
NEW PORT RICHEY FL 34652
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2552045**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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

TITLE **PD** ☐ Delete
NAME **NELSON, EUGENE**
STREET ADDRESS **4550 BAY BLVD #1253**
CITY-ST-ZIP **PT RICHEY FL**

TITLE **VD** ☒ Delete
NAME **SHANNON, RALPH**
STREET ADDRESS **4620 BAY BLVD #1121**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ Delete
NAME **CHRISTEIN, MARGARETHE**
STREET ADDRESS **4620 BAY BLVD #1156**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☒ Delete
NAME **MULLEN, WILLIAM**
STREET ADDRESS **4660 BAY BLVD #1222**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **STD** ☐ Delete
NAME **FIKSE, JOHN**
STREET ADDRESS **4550 BAY BLVD #1248**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Boblitt, Bonnie**
STREET ADDRESS **4620 Bay Blvd #1148**
CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☐ Addition
NAME **Eugene Heiter**
STREET ADDRESS **4550 Bay Blvd #1228**
CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Eugene Nelson

3/24/03

(727)

844 7024

CR2E037 (10/02)