

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N08823

1. Entity Name
NORTHSIDE PROPERTIES, INC. III



Principal Place of Business
**12512 BRUCE B. DOWNS BLVD.
TAMPA, FL 33612**

Mailing Address
**12512 BRUCE B. DOWNS BLVD.
TAMPA, FL 33612**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2551427

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STANLEY, DONALD W JR.
202 S ROME
STE 100
TAMPA, FL 33606**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STANLEY, DONALD W., JR.
STREET ADDRESS 202 S ROME., STE 100
CITY-ST-ZIP TAMPA, FL 33606

TITLE VD
NAME JOHNSON, WILLIAM CPA
STREET ADDRESS 3804 GUNN HWY
CITY-ST-ZIP TAMPA, FL 336244720

TITLE STD
NAME WINTON, DOUGLAS
STREET ADDRESS 2307 W. KENNEDY BLVD
CITY-ST-ZIP TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000243587
02/25/05-80048-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

William Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Johnson

1/20/05

(813) 265-2717

Date

Daytime Phone #