

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90293 015 ****61.25

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**

60025936



02232006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2551427

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Change ☒ Addition
NAME Estelle Ross
STREET ADDRESS 5206 Fairway One Dr
CITY-ST-ZIP Valrico, FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 exemptions contained in Chapter 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:

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

William Johnson

2/23/06

(813)265-2717

Date

Daytime Phone #