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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25656

1. Corporation Name

SEA ISLAND NORTH CONDOMINIUM III, INC.

Principal Place of Business

770 ISLAND WAY
CLEARWATER FL 33767
US

Mailing Address

770 ISLAND WAY
CLEARWATER FL 33767
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/28/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2096526
City & State	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
Zip	Zip	
24	30	

9. Name and Address of Current Registered Agent

BARBER, CHARLES F.
611 DRUID STREET, SUITE 304
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	CURRAN, MURIEL H	1.2 NAME	HERBERT SMITH
STREET ADDRESS	770 ISLAND WAY, #01	1.3 STREET ADDRESS	770 ISLAND WAY # 301
CITY-ST-ZIP	CLEARWATER FL 33767	1.4 CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	DEMARS, CATHERINE	2.2 NAME	MICHAEL TROUTNER
STREET ADDRESS	770 ISLAND WAY, #305	2.3 STREET ADDRESS	770 ISLAND WAY # 304
CITY-ST-ZIP	CLEARWATER FL 33767	2.4 CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	VPD ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	AKSTIN, FRANCIS W	3.2 NAME	GEORGIENE JOHNSON
STREET ADDRESS	770 ISLAND WAY, #302	3.3 STREET ADDRESS	770 ISLAND WAY #404
CITY-ST-ZIP	CLEARWATER FL 33767	3.4 CITY-ST-ZIP	CLEARWATER FL 33167
TITLE	TD ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, LOURDES S	4.2 NAME	
STREET ADDRESS	770 ISLAND WAY, #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33767	4.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KILLORAN, BARBARA	5.2 NAME	
STREET ADDRESS	770 ISLAND WAY, #102	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33767	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #