

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N25656**

1. Entity 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****FILED
Jul 20, 2001 8:00 am
Secretary of State**

07-20-2001 90004 023 ****61.25

A0078728

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2096526

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURRAN, MURIEL
770 ISLAND WAY
#201
CLEARWATER FL 33767**

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.

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
After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURRAN, MURIEL H 770 ISLAND WAY, #01 CLEARWATER FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEMARS, CATHERINE 770 ISLAND WAY, #305 CLEARWATER FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, HERBERT 770 ISLAND WAY #301 CLEARWATER FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TROUTNER, MICHAEL 770 ISLAND WAY #304 CLEARWATER FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, LOU 770 ISLAND WAY #202 CLEARWATER FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED
MURIEL CURRAN

7/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

0012424