2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # N25656 1. Entity Name 04-21-2004 90081 013 ****61.25 SEA ISLAND NORTH CONDOMINIUM III-INC ... Mailing Address Principal Place of Business ναυυστοβ 770 ISLAND WAY 770 ISLAND WAY CLEARWATER FL 33767 **CLEARWATER FL 33767** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-2096526 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CURRAN, MURIEL Street Address (P.O. Box Number is Not Acceptable) 770 ISLAND WAY #201 **CLEARWATER FL 33767** City 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE CURRAN, MURIEL H NAME NAME 770 ISLAND WAY, #01 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33767 CITY-ST-ZIP CITY-ST-ZIP --- Change ☐ Delete TITLE TITLE DEMARS, CATHERINE NAME 770 ISLAND WAY, #305 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33767** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete SMITH, HERBERT NAME -NAME 770 ISLAND WAY #301-STREET ADDRESS STREET ADDRESS CLEARWATER FL 33767 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE TROUTNER, MICHAEL NAME NAME 770 ISLAND WAY #304 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33767 CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Addition ☐ Delete TITLE DITLE DIXON, JACK NAME NAME 770 ISLAND WAY #101 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33767** CiTY-ST-ZIP CITY-ST-ZIP Change Addition □ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in

FILED