

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

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	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2096526 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent CURRAN, MURIEL 770 ISLAND WAY #201 CLEARWATER FL 33767				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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$81.25 Due By May 1, 2005		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 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	☐ Change ☐ Add	
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	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMITH, HERBERT 770 ISLAND WAY #301 CLEARWATER FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TROUTNER, MICHAEL 770 ISLAND WAY #304 CLEARWATER FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIXON, JACK 770 ISLAND WAY #101 CLEARWATER FL 33767	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Muriel H. Curran</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2096526** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P O. Box Number is Not Acceptable)
City **FL** Zip Code

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**FILE NOW: FEE IS \$81.25
Due By May 1, 2005**

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**Make Check Payable to
Florida 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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TROUTNER, MICHAEL 770 ISLAND WAY #304 CLEARWATER FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIXON, JACK 770 ISLAND WAY #101 CLEARWATER FL 33767	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
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SIGNATURE: *Muriel H. Curran*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____