

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90081 045 ****61.25

DOCUMENT # N36208

1. Entity Name
MAINSAIL III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**P O BOX 471
MARCO ISLAND, FL 33969-7471**

Mailing Address
**P O BOX 471
MARCO ISLAND, FL 33969-7471**

94029096

DO NOT WRITE IN THIS SPACE

02242004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0169276

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROAD, GARY R.
1155 MAINSAIL DR #515
NAPLES, FL 33962**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROAD, GARY 1155 MAINSAIL DRIVE, 515 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NELSON, CHARLES T 7585 TROTWOOD LANE VICTOR, NY 14564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GEORGIC, ALBERT R 1583 COUNTRY DR TRENTON, MI 48183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Albert R. Georgic Sec/TRES. 3/9/04 393-493