


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 13 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41311 (4)**

1. Corporation Name  
**NORTH BEACH VILLAGE III CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>6250 HOLMES BLVD. UNIT 44 HOLMES BEACH FL 34217 US</b>	Mailing Address <b>6250 HOLMES BLVD. BOX 100 HOLMES BEACH FL 34217</b>
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3. Date Incorporated or Qualified  
**12/13/1980**

4. FEI Number  
**65-0233693**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**ARBANAS, RONALD  
6250 HOLMES BLVD. #44  
HOLMES BEACH FL 34217**

10. Name and Address of New Registered Agent

**81 Name R. RICHARD COLLINS**

**82 Street Address (P.O. Box Number is Not Acceptable) 6250 HOLMES BLVD #40**

**84 City HOLMES BEACH FL 85 Zip Code 34217**

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 R. RICHARD COLLINS *[Signature]* **4/29/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARBANAS, RONALD	
STREET ADDRESS	6250 HOLMES BLVD.	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TOCE, GERALD F JR	
STREET ADDRESS	6250 HOLMES BLVD.	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SHERIDAN, LILLIAN	
STREET ADDRESS	6250 HOLMES BLVD.	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DST BRAMBLE MARGARET
3.3 STREET ADDRESS	6250 HOLMES BLVD. #40
3.4 CITY-ST-ZIP	HOLMES BEACH, FL 34217
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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.

SIGNATURE: Gerald F. Toce, Jr *[Signature]* **4/29/98** **941-778-7566**

CR2E037 (10/97)