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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90072 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41311**

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

Principal Place of Business 6250 HOLMES BLVD. UNIT 44 HOLMES BEACH FL 34217 US	Mailing Address 6250 HOLMES BLVD. BOX 100 HOLMES BEACH FL 34217
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436952 - 90072 - 15



2. Principal Place of Business 21 <b>6250 HOLMES BLVD</b> Suite, Apt. #, etc. 22 <b>UNIT 56</b> City & State 23 <b>HOLMES BEACH, FL</b> Zip Country 24 <b>34217</b> 25 <b>US</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified <b>12/13/1990</b>	4. FEI Number <b>65-0233693</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent COLLINS, R RICHARD 6250 HOLMES BLVD, #40 HOLMES BEACH FL 34217	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARBANAS, RONALD 6250 HOLMES BLVD. HOLMES BEACH FL 34217	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD LENNOX BRAMBLE 6250 HOLMES BLVD, #56 HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOCE, GERALD F JR 6250 HOLMES BLVD. HOLMES BEACH FL 34217	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRAMBLE, MARGARET 6250 HOLMES BLVD, #56 HOLMES BEACH FL 34217	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD R. RICHARD COLLINS 6250 HOLMES BLVD. #40 HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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)(i), 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 4-27-99 941-778-4569  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)