

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90114 045 ****61.25

DOCUMENT # N41311

1. Entity Name
NORTH BEACH VILLAGE III CONDOMINIUM ASSOCIATION,

Principal Place of Business 6250 HOLMES BLVD. #56 HOLMES BEACH FL 34217 US	Mailing Address 6250 HOLMES BLVD. BOX 100 HOLMES BEACH FL 34217
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0233693	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent COLLINS, R RICHARD 6250 HOLMES BLVD, #40 HOLMES BEACH FL 34217	7. Name and Address of New Registered Agent Name: STANLEY ORE Street Address (P.O. Box Number is Not Acceptable): 6250 HOLMES BLVD, #47 City: HOLMES BEACH FL Zip Code: 34217
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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.

SIGNATURE: *Stanley Ore* **STANLEY ORE** DATE: 4/21/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARBANAS, RONALD 6250 HOLMES BLVD. HOLMES BEACH FL 34217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY ORE 6250 HOLMES BLVD., #47 HOLMES BEACH, FL 34217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOCE, GERALD F JR 6250 HOLMES BLVD. HOLMES BEACH FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SD DELORES ARBANAS 6250 HOLMES BLVD., #44 HOLMES BEACH, FL 34217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRAMBLE, MARGARET 6250 HOLMES BLVD, #56 HOLMES BEACH FL 34217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAMBLE, LENNOX 6250 HOLMES BLVD, #56 HOLMES BEACH FL 34217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLINS, RICHARD R 6250 HOLMES BLVD, #40 HOLMES BEACH FL 34217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stanley Ore* **STANLEY ORE** DATE: 4/21/01 941-778-1543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)