

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90868 047 ****61.25

DOCUMENT # N41311

1. Entity Name

NORTH BEACH VILLAGE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6250 HOLMES BLVD.
 #56
 HOLMES BEACH FL 34217
 US

Mailing Address

6250 HOLMES BLVD.
 BOX 100
 HOLMES BEACH FL 34217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0233693

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORE, STANLEY
 6250 HOLMES BLVD, #47
 HOLMES BEACH FL 34217

Name **RONALD ARBANAS**
 Street Address (P.O. Box Number is Not Acceptable)
6250 HOLMES BLVD #44
 City **HOLMES BEACH** FL Zip Code **34217**

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

Ronald Arbanas
RONALD ARBANAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

941-778-2133

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ORE, STANLEY	
STREET ADDRESS	6250 HOLMES BLVD, #47	
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	SD	<input checked="" type="checkbox"/> Delete
NAME	ARBANAS, DELORES	
STREET ADDRESS	6250 HOLMES BLVD, #44	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBANAS, RONALD	
STREET ADDRESS	6250 HOLMES BLVD #44	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORTIS, PATRICIA	
STREET ADDRESS	6250 HOLMES BLVD #41	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TATARCHUK, GEORGE	
STREET ADDRESS	6250 HOLMES BLVD #56	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ronald Arbanas
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

941-778-2133

CR2E037 (9/01)