

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

06-02-2003 90199.037 ***61.25

N41311

03 JUN 27 PM 2:15

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

55049875



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4301 32nd St W
Suite A-19

City & State
Bradenton, FLORIDA

Zip
34205

Country
manatee

4. FEI Number 65-0233693

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ARBANAS, RONALD
6250 HOLMES BLVD.
SUITE 44
HOLMES BEACH FL 34217

7. Name and Address of New Registered Agent
Name: Stephen Thompson, Esquire
Street Address (P.O. Box Number is Not Acceptable):
1205 Manatee Ave W
City: Bradenton FL Zip Code: 34205

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: *Steph W. Thompson* DATE: 6/19/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARBANAS, RONALD 6250 HOLMES BLVD. - SUITE 44 HOLMES BEACH FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOCE, GERALD F JR 6250 HOLMES BLVD. HOLMES BEACH FL 34217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KORTIS, PATRICIA 6250 HOLMES BLVD. - SUITE 41 BRADENTON BEACH FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TATARCHUK, GEORGE 6250 HOLMES BLVD. - SUITE 56 BRADENTON BEACH FL 34217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 118.07(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 817, 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: *Patricia Kortis* **REQUIRED**

CRE0307 (10/02)