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Mar 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005042 (3)

1. Corporation Name

THE RESIDENCES III AT PELICAN ISLE YACHT CLUB CO
NDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

601 BAYSHORE BLVD.
SUITE 960
TAMPA FL 33606

601 BAYSHORE BLVD.
SUITE 960
TAMPA FL 33606

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

59-3467755

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 886 110th Ave N #7

27 Suite, Apt. #, etc.

28 City & State

29 Napo

30 Zip

31 Country

32 FL 34108

33

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

KUSSNER, STEPHEN L
SUITE 2100
ONE TAMPA CITY CENTER BLDG.
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name Bryan J Warner

82 Street Address (P.O. Box Number is Not Acceptable)

83 886 110th Ave N #7

84 City Napo

FL

85 Zip Code

34108

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

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 ☐ DELETE

NAME VD
STREET ADDRESS MARTIN, VALERIE
CITY-ST-ZIP 601 BAYSHORE BLVD. SUITE 960
TAMPA FL 33606

TITLE ☐ DELETE

NAME PD
STREET ADDRESS WEBER, BRYAN
CITY-ST-ZIP 601 BAYSHORE BLVD. SUITE 960
TAMPA FL 33606

TITLE ☐ DELETE

NAME SD
STREET ADDRESS COLLINS, ROBERT
CITY-ST-ZIP 601 BAYSHORE BLVD. SUITE 960
TAMPA FL 33606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 in an attachment with an address.

SIGNATURE

Signature of Bryan J. Warner

7-9-98

941-514-8690

CF2E037 (10/97)