


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90004 041 ****61.25

DOCUMENT # N97000006692 1. Entity Name SEASIDE AT BELLEAIR III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business THREE SEASIDE LN CLEARWATER, FL 33765			Mailing Address 7300 PARK ST SEMINOLE, FL 33777-4601		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3492236	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINHARDT, DEBRA REINHARDT Debra Reinhardt 7300 PARK ST SEMINOLE, FL 33777-4601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANKTON, JAMES THREE SEASIDE LANE, #402 BELLEAIR, FL 33756	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James Lankton
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GEIGER, JAMES THREE SEASIDE LANE #202 BELLEAIR, FL 33756	<input 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	TD PIERCE, LORRAINE THREE SEASIDE LN #201 BELLEAIR, FL 33756	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIR V. RAYMOND FERRARA 3 SEASIDE LANE #102 BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENSEN, LORRAINE THREE SEASIDE LN #301 BELLEAIR, FL 33756	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/DIR JACK KENNEY 3 SEASIDE LANE #702 BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, FRED 3 SEASIDE LANE #601 BELLEAIR, FL 33756	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Don Seaton 3 Seaside Lane #101 Belleair, FL 33756
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: <i>V. Raymond Ferrara</i> President V. Raymond Ferrara					
Date: <i>6/6/05</i> Daytime Phone #: <i>727-441-9022</i>					

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