FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **766024** **(4)**

1. Corporation Name

SALT RUN III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O KINNER ACCOUNTING AND TAX INC 5411 ORTEGA BLVD #7 JACKSONVILLE FL 32210 US	C/O KINNER ACCOUNTING AND TAX INC 5411 ORTEGA BLVD #7 JACKSONVILLE FL 32210 US

3. Date Incorporated or Qualified: **12/07/1982**

3a. Date of Last Report: **08/25/1995**

4. FEI Number: **59-2339259** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KINNER, M.B.
5411 ORTEGA BLVD.
STE. 7
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARIELLO, ANDY		1.2 NAME	
STREET ADDRESS	83 COMARES AVE 9A		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, STAN		2.2 NAME	
STREET ADDRESS	83 COMARES AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AHERN, FRED		3.2 NAME	
STREET ADDRESS	2215 SOUTH 3RD ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MR. & MRS. MARC MATTHEWS		4.2 NAME	
STREET ADDRESS	83 COMARES AVE., A1		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: Andrew Cariello Pres. 4/12/96 904 389-3572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANDREW CARIELLO

CR2E037 (12/95)