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Feb 19 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 # 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 #5 JACKSONVILLE FL 32210 US	C/O KINNER ACCOUNTING AND TAX INC 5411 ORTEGA BLVD #5 JACKSONVILLE FL 32210 US

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

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

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

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$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	10. Name and Address of New Registered Agent
KINNER, M.B. 5411 ORTEGA BLVD. STE.~~#~~ 5 JACKSONVILLE FL 32210	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	PD	☒ Change ☐ Addition
NAME	CARIELLO, ANDY		1.2 NAME		
STREET ADDRESS	83 COMARES AVE ~~#A~~		1.3 STREET ADDRESS	Fournier AL 83 Comares #6B	
CITY-ST-ZIP	ST AUGUSTINE FL		1.4 CITY-ST-ZIP	St. Aug, FL 32084	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AHERN, FRED		2.2 NAME		
STREET ADDRESS	2215 SOUTH 3RD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, MARC MR&MRS		3.2 NAME		
STREET ADDRESS	83 COMARES AVE., A1		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		3.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	4.1 TITLE	D	☐ Change ☐ Addition
NAME	FOURNIER, AL		4.2 NAME	Chalmers Barnes	
STREET ADDRESS	83 COMARES AVE		4.3 STREET ADDRESS	1843 ATLANTIC BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084		4.4 CITY-ST-ZIP	JAX, FL 32207	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME			5.2 NAME	Richard Mc Daris	
STREET ADDRESS			5.3 STREET ADDRESS	83 Comares #2C	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	St. Aug, FL 32084	
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		

CR2E037 (10/97)

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 on an attachment with an address.

SIGNATURE: (Albert W. Fournier) 1/09/98 (904) 325-2001 X-4471