2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90094 036 ****61.25

DOCUMENT # 766024

1. Entity 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 32210-8422 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KINNER, M.B. 5411 ORTEGA BLVD. STE. 7 JACKSONVILLE FL 32210	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ SECRETARY FOURNIER, AL 83 COMARES #6B ST AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VICE~~ PD RATKORK, JACK 83 COMARES #6A ST. AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~MATTHEWS, MARC MR&MRS~~ ~~83 COMARES AVE., AT~~ ~~ST. AUGUSTINE FL 32084~~	☑ ~~Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JIM HARRIS 83 COMARES 8B ST. AUGUSTINE, FL 32084 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~CHALMERS, BARNES~~ ~~1843 ATLANTIC BLVD~~ JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDY CARIELLO 83 COMARES AVE 9A ST. AUGUSTINE, FL 32084 ☐ Change ☑ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VICE~~ ~~TREAS~~ ~~MEDARIS, RICHARD~~ ~~83 COMARES #2C~~ ~~ST. AUGUSTINE FL 32084~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RICHARD McDARIS 83 COMARES AVE. 2C ST. AUGUSTINE, FL 32084 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: X ~~SECRETARY~~ ~~TREASURER~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #