

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 29, 2002 8:00 am
Secretary of State

05-08-2002 90155 012 ****61.25

DOCUMENT # 766024

1. Entity Name

SALT RUN III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

87928



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

M. B. KINNER

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

5513 Roosevelt Blvd., PMB #248

Jacksonville, FL 32244-2345

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 **S** ☐ Delete
 NAME **FOURNIER, AL**
 STREET ADDRESS **83 COMARES #68**
 CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **VP** ☐ Change ☒ Addition
 NAME **FRED AHERN**
 STREET ADDRESS **2115 SOUTH 3RD ST. #201**
 CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **PO** ☒ Delete
 NAME **RATKOR, JACK**
 STREET ADDRESS **83 COMARES #6A**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **T** ☒ Change ☐ Addition
 NAME **JACK RATKOVIC**
 STREET ADDRESS **83 COMARES #6A**
 CITY-ST-ZIP **ST AUGUSTINE, FL 32084**

TITLE **D** ☒ Delete
 NAME **CARIELLO,**
 STREET ADDRESS **83 COMARES AVE 9A**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE **P** ☒ Change ☐ Addition
 NAME **CARIELLO, ANDY**
 STREET ADDRESS **83 COMARES AVE 9A**
 CITY-ST-ZIP **St Augustine FL 32084**

TITLE **T** ☒ Delete
 NAME **MC DARIS, RICHARD**
 STREET ADDRESS **83 COMARES #2C**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☐ Change ☒ Addition
 NAME **PAUL F. THOMPSON**
 STREET ADDRESS **P.O. DRAWER 70**
 CITY-ST-ZIP **St. Augustine, FL 32080-0070**

TITLE **S** ☒ Delete
 NAME **BAUGHMAN, CAROL**
 STREET ADDRESS **83 COMARES AVE #4B**
 CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

JACK RATKOVIC
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04
 Date

904-471-1804
 Daytime Phone #

CR2E037 (9/01)