

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90004 022 \*\*\*\*61.25

<b>DOCUMENT # 766024</b> 1. Entity Name <b>SALT RUN III CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>5513 ROOSEVELT BLVD PMB #248 JACKSONVILLE, FL 32244-2345 US</b>		Mailing Address <b>5513 ROOSEVELT BLVD PMB #248 JACKSONVILLE, FL 32244-2345 US</b>	
2. Principal Place of Business <b>3670 US 1 SO</b> Suite, Apt. #, etc. <b>Ste 290</b>		3. Mailing Address <b>3670 US 1 South</b> Suite, Apt. #, etc. <b>Ste 290</b>	
City & State <b>ST Augustine FL</b>		City & State <b>ST Augustine FL</b>	
Zip <b>32086</b>	Country <b>USA</b>	Zip <b>32086</b>	Country <b>USA</b>
4. FEI Number <b>59-2339259</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KINNER, M.B. 5513 ROOSEVELT BLVD PMB 248 JACKSONVILLE, FL 32244-2345</b>		7. Name and Address of New Registered Agent Name <b>ALBERT W. Fournier</b> Street Address (P.O. Box Number is Not Acceptable) <b>83 COMARES AVE Unit 6B</b> City <b>ST AUGUSTINE FL</b> Zip Code <b>32080</b>	
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.  SIGNATURE <u><i>Albert W. Fournier</i></u> DATE <u>2/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>SP</b> NAME <b>FOURNIER, AL</b> <input type="checkbox"/> Delete STREET ADDRESS <b>83 COMARES #6B</b> CITY-ST-ZIP <b>ST AUGUSTINE, FL 32084</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b>		
TITLE <b>JB</b> NAME <b>RATKOVIC, JACK</b> <input type="checkbox"/> Delete STREET ADDRESS <b>83 COMARES #6A</b> CITY-ST-ZIP <b>ST. AUGUSTINE, FL 32084</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>O</b>		
TITLE <b>S</b> NAME <b>MCDARIS, RICHARD</b> <input type="checkbox"/> Delete STREET ADDRESS <b>83 COMARES AVE, # 2-C</b> CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>THOMPSON, PAUL J</b> <input checked="" type="checkbox"/> Delete STREET ADDRESS <b>P.O. DRAWER 70</b> CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 320800070</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VBP</b> NAME <b>AHERN, FRED</b> <input type="checkbox"/> Delete STREET ADDRESS <b>2115 SOUTH 3RD STREET, #201</b> CITY-ST-ZIP <b>JACKSONVILLE BEACH, FL 32250</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b>		
TITLE <b>T</b> NAME <b>David White</b> <input type="checkbox"/> Delete STREET ADDRESS <b>1912 Greenwood Ave</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32205</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Albert W. Fournier</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/9/06</u> Daytime Phone # <u>904-797-6660</u>	

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