

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90242 026 ****61.25

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01042007 Chg-NP CR2E037 (12/06)

DOCUMENT # 766024 1. Entity Name SALT RUN III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3670 US 1 SOUTH STE 290 SAINT AUGUSTINE, FL 32086 US			Mailing Address 73670 US 1 SOUTH STE 290 SAINT AUGUSTINE, FL 32086 US		
2. Principal Place of Business - No P.O. Box # <u>83 Comares Ave</u>		3. Mailing Address <u>3670 US 1 South</u>		4. FEI Number 59-2339259 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. <u>STE 290</u>			
City & State <u>St Augustine FL</u>		City & State <u>St Augustine FL</u>			
Zip <u>32080</u>		Zip <u>32086</u>			
Country <u>USA</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOURNIER, ALBERT W 83 COMORES AVE UNIT 6B SAINT AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name <u>JACK RATKOVIC</u> Street Address (P.O. Box Number is Not Acceptable) <u>83 Comares Ave #3C</u> City <u>ST AUGUSTINE</u> FL Zip Code <u>32080</u>	
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>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fournier, AL <input type="checkbox"/> Delete 83 COMARES #6B ST AUGUSTINE, FL 32084			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ratkovic, JACK <input type="checkbox"/> Delete 83 COMARES #6A ST. AUGUSTINE, FL 32084			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>83 COMARES AVE #3C</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompson, PAUL J <input checked="" type="checkbox"/> Delete P.O. DRAWER 70 SAINT AUGUSTINE, FL 32080070			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHERN, FRED <input type="checkbox"/> Delete 2115 SOUTH 3RD STREET, #201 JACKSONVILLE BEACH, FL 32250			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T White, DAVID <input type="checkbox"/> Delete 1912 GREENWOOD AVE JACKSONVILLE, FL 32205			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lake, LARRY <input type="checkbox"/> Delete 83 COMARES AVE #4B ST AUGUSTINE FL 32080			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 another like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					