2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State
01-22-2003 90157 039 ****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~~ US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5513 ROOSEVELT BLVD	5513 ROOSEVELT BLVD
Suite, Apt. #, etc.: PMB # 248	Suite, Apt. #, etc.: PMB # 248
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE FL
Zip: 32244-2345 Country: DUVAL	Zip: 32244-2345 Country: DUVAL

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. 5513 ROOSEVELT BLVD PMB 248 JACKSONVILLE FL 32244-2345	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S 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	TD 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	P CARIELLO, ANDY 83 LOMARES AVE 9A SAINT AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, PAUL J P.O DRAWER 70 SAINT AUGUSTINE FL 32080-0070	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD AHERN, FRED 2115 SOUTH 3RD STREET, #201 JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 01/04/03 904 823 9048