

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09076

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** SUN KETCH I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ISLE OF CAPRI  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

RAMPART PROPERTIES  
9887 FOURTH STREET NORTH  
SAINT PETERSBURG, FL 33702 US

**New Mailing Address:**

**FEI Number:** 59-2585230      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, BRIAN  
9887 FOURTH STREET NORTH  
SUITE 301  
SAINT PETERSBURG, FL 33702 US

**Name and Address of New Registered Agent:**

RAMPART PROPERTIES, INC.  
9887 FOURTH STREET NORTH  
SUITE 301  
SAINT PETERSBURG, FL 33702 US

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: BILLY K. OSBURN

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PEARSON, WALTER  
Address: 9887 FOURTH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VPD  
Name: GUEMPEL, GROVER  
Address: 9887 FOURTH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: SD  
Name: REEDER, EDWARD  
Address: 9887 FOURTH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: TD  
Name: CONNORS, DON  
Address: 9887 FOURTH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: SD  
Name: GENTRY, HAROLD  
Address: 9887 FOURTH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: TD  
Name: FEENEY, BOB  
Address: 9887 FOURTH STREET NORTH #301  
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WALTER PEARSON

PD

04/24/2012

Electronic Signature of Signing Officer or Director

Date