FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19306 (2)

1. Corporation Name
SUN KETCH II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
214 SUN VISTA COURT 224 SUN VISTA COURT TREASURE ISLAND FL 33706 US	214 SUN VISTA COURT 224 SUN VISTA COURT TREASURE ISLAND FL 33706 US

3. Date Incorporated or Qualified: 02/18/1987	3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-2822106	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business
21: 3001 Executive Drive
22 Suite, Apt. #, etc.: Suite 260
23 City & State: Clearwater, FL
24 Zip: 34622 25: U.S.A.

2a. Mailing Address
26: 3001 Executive Drive
27 Suite, Apt. #, etc.: Suite 260
28 City & State: Clearwater, FL
29 Zip: 34622 30: U.S.A.

9. Name and Address of Current Registered Agent

ADAMS, THOMAS D
12324 SUN VISTA CT.
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name: Rand E McNeal
82 Street: Condominium Associates
83: 3001 Executive Drive, Suite 260
84 City: Clearwater FL 85 Zip Code: 34622

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: RAND E. McNeal - Agent — Rand E McNeal — 4/10/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHIAFFO, C R 12240 SUN VISTA COURT WEST TREASURE ISLAND FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD ELYARD, Nancy 12313 Sun Vista ct Treasure Island, FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, JERRY 12332 SUN VISTA COURT WEST TREASURE ISLAND FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V/D O'Connor, Edward 224 Sun Vista ct. Treasure Island, FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOLLENMAYER, STEVEN T 12306 SUN VISTA CT. E. TREASURE ISLAND FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	33706	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VANNI, RONALD P 214 SUN VISTA COURT TREASURE ISLANDS FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V/D Sutton, Herb 215 Sun Vista Ct. Treasure, Island, FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KULBICK, VICTOR 229 SUN VISTA CT. N. TREASURE ISLAND FL 33706	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	SD Pallette, Maggie 12235 Sun Vista ct. Treasure Island, FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Elyard — NANCY ELYARD — 4-18-96 — (813) 573-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT