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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19306 (2)
1. Corporation Name
SUN KETCH II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 34622 US	Mailing Address 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 34622 US
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2. Principal Place of Business 21 3001 EXECUTIVE DR. Suite, Apt. #, etc. 22 260 City & State 23 CLEARWATER, FL Zip 24 33762	2a. Mailing Address 26 3001 EXECUTIVE DR. Suite, Apt. #, etc. 27 260 City & State 28 CLEARWATER, FL Zip 29 33762	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 02/18/1987
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**MCNEAL, RAND E
CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE, SUITE 260
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent
81 Name **Condominium Associates**
82 Street Address (P.O. Box Number is Not Acceptable)
3001 Executive Drive suite 260
83
84 City **Clearwater** **FL** 85 Zip Code **33762**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ELYARD, NANCY	
STREET ADDRESS	12313 SUN VISTA CT	
CITY-ST-ZIP	TREASURE ISLAND FL 33708	
TITLE	VD	☒ DELETE
NAME	O'CONNOR, EDWARD	
STREET ADDRESS	224 SUN VISTA CT.	
CITY-ST-ZIP	TREASURE ISLAND FL 33708	
TITLE	TD	☒ DELETE
NAME	DOLLENMAYER, STEVEN T	
STREET ADDRESS	12306 SUN VISTA CT. E.	
CITY-ST-ZIP	TREASURE ISLAND FL 33708	
TITLE	VD	☐ DELETE
NAME	HERB, SUTTON	
STREET ADDRESS	215 SUN VISTA CT.	
CITY-ST-ZIP	TREASURE ISLAND FL 33708	
TITLE	SD	☐ DELETE
NAME	PALLETTE, MAGGIE	
STREET ADDRESS	12235 SUN VISTA CT.	
CITY-ST-ZIP	TREASURE ISLAND FL 33708	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	President
4.3 STREET ADDRESS	Sutton, Herb
4.4 CITY-ST-ZIP	215 Sun Vista Ct Treasure Island
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	Trea.
5.3 STREET ADDRESS	Lajoie, Claude
5.4 CITY-ST-ZIP	12300 Sun Vista Ct. W Treasure Island
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	VD
6.3 STREET ADDRESS	Hicks, Bill
6.4 CITY-ST-ZIP	222 Sun Vista Ct. S. Treasure Island

14. 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 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: *Claude Lajoie* 2/5/98 (913) 367-0805

CP2E037 (10/97)