

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19306

1. Entity Name

SUN KETCH II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3001 EXECUTIVE DR
260
CLEARWATER FL 33762
US

3001 EXECUTIVE DR
260
CLEARWATER FL 33762
US

0004300J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Condominium Management
Suite, Apt. #, etc.
5530 1st Ave. No.

P.O. Box 47068
Suite, Apt. #, etc.

City & State
ST. Petersburg FL
Zip
33710
Country
Pinellas

City & State
ST. Petersburg FL
Zip
33743-7068
Country
Pinellas

4. FEI Number
59-2822106

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

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
260
CLEARWATER FL 33762

Name
Debra R. Lisheid c/o CMG
Street Address (P.O. Box Number is Not Acceptable)

5530 1st Ave. No.

City
ST. Petersburg FL Zip Code
33710

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.

SIGNATURE
Debra R. Lisheid

3-23-01

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMILA, KEN
12344 SUN VISTA COURT #59
TREASURE ISLAND FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GENTRY, CARL
12229 SUN VISTA COURT WEST #30
TREASURE ISLAND FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MORGAN, DAVID
12223 SUN VISTA COURT EAST #101
TREASURE ISLAND FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PALLETTE, MAGGIE
12235 SUN VISTA CT.
TREASURE ISLAND FL 33706 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KUBBICK, VIC
229 SUN VISTA COURT NORTH
TREASURE ISLAND FL 33706 ☐ 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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01 381-1717
Date Daytime Phone #

CR2E037 (10/00)