## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 04, 2004 8:00 am Secretary of State DOCUMENT # N19306 1. Entity Name 05-04-2004 90177 022 \*\*\*\*61.25 SUN KETCH II CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O CONDOMINIUM MANAGEMENT 5530 1ST AVENUE NORTH SAINT PETERSBURG FL 33710 P.O. BOX 47068 ST. PETERSBURG FL 33743-7068 Mailing Address Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State 4. FEI Number 59-2822106 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELTON, RONALD D Street Address (P.O. Box Number is Not Acceptable) 5530 1ST AVENUE NORTH SAINT PETERSBURG FL 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. 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Stave Pollen mayer 12306 Sun vista Court E #94 SICURELLO, NICHOLAS NAME NAME 12208 SUN VISTA COURT W #24 STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY - ST- 7IP ☐ Change Addition ☐ Delete TITLE TITLE DONNELLY, CHARIE NAME NAME 221 SUN VISTA COURT S #8 STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY-ST-ZIP Island TD TITLE TITLE ☐ Addition Delete JOE WEBER, MARY NAMÉ 12203 SUN VISTA COURT E #11 STREET ADDRESS STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP CITY-ST-7/P TITLE TITLE ☐ Change ☐ Addition MILLER, JACK NAME NAME 225 SUN VISTA COURT S #10 STREET ADDRESS STREET ADDRESS TREASURÉ ISLAND FL 33706 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP 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

**FILED** 

Daylime Phone #