FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33275** **(1)**

1. Corporation Name

SUN KETCH III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 67172 ST. PETERSBURG FL 33736	P.O. BOX 67172 ST. PETERSBURG FL 33736

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2967320 (Applied For / Not Applicable)

2. Principal Place of Business (21): 300 31st ST. N. #125	2a. Mailing Address (26): P.O. BOX 12709
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): ST. PETERSBURG, FL. 33713	City & State (28): ST. PETERSBURG, FL. 33733
Zip (24): / Country (25):	Zip (29): / Country (30):

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
[illegible]	81 Name: GEORGIA STONE 82 Street Address (P.O. Box Number is Not Acceptable): 300 31st ST. N. # 125 83: 84 City: ST. PETERSBURG, FL. 33713 FL — 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Georgia Stone GEORGIA STONE 4/14/95
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	[illegible]	12 NAME	CASTIGLIA, IGNATIUS	
STREET ADDRESS	[illegible]	13 STREET ADDRESS	131 SUN ISLE CIR.	
CITY-ST-ZIP	[illegible]	14 CITY-ST-ZIP	TREASURE ISLAND, FL. 33706	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	[illegible]	22 NAME	MUSANTE,VITO	
STREET ADDRESS	[illegible]	23 STREET ADDRESS	171 SUN ISLE CIR.	
CITY-ST-ZIP	[illegible]	24 CITY-ST-ZIP	TREASURE ISLAND, FL. 33706	
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	[illegible]	32 NAME	KELLEHER, BRIAN	
STREET ADDRESS	[illegible]	33 STREET ADDRESS	105 SUN CIR.	
CITY-ST-ZIP	[illegible]	34 CITY-ST-ZIP	TREASURE ISLAND, FL. 33706	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	CARRALERO, JULIO	
STREET ADDRESS		43 STREET ADDRESS	154 SUN ISLE CIR.	
CITY-ST-ZIP		44 CITY-ST-ZIP	TREASURE ISLAND, FL. 33706	
TITLE		51 TITLE	D	☐ Change ☐ Addition
NAME		52 NAME	CAROLYN SCHLAGER	
STREET ADDRESS		53 STREET ADDRESS	164 SUN ISLE CIRCLE	
CITY-ST-ZIP		54 CITY-ST-ZIP	TREASURE ISLAND, FL. 337706	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: [signature] BRIAN KELLEHER 4/14/95 813-327-7852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0066412