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 # N33275 (1)

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

Principal Place of Business
300 31ST ST N
#125
ST. PETERSBURG FL 33713
US

Mailing Address
PO BOX 12709
ST. PETERSBURG FL 33733
US

3. Date Incorporated or Qualified: 07/17/1989
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-2967320 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 147 SUN ISLE CIRCLE
Suite, Apt. #, etc.
22
City & State
23 TREASURE ISLAND FL
Zip 24 33706 Country 25 USA

2a. Mailing Address
26 147 SUN ISLE CIRCLE
Suite, Apt. #, etc.
27
City & State
28 TREASURE ISLAND FL
Zip 29 33706 Country 30 USA

9. Name and Address of Current Registered Agent
STONE, GEORGIA
300 31ST ST N
#125
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent
81 Name: BRIAN R. KELLEHER
82 Street Address (P.O. Box Number is Not Acceptable): 147 SUN ISLE CIRCLE
83
84 City: TREASURE ISLAND FL 85 Zip Code: 33706

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 [signature] BRIAN R KELLEHER Date 4/25/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	CASTIGLIA, IGNATIUS	
STREET ADDRESS	131 SUN ISLE CIR.	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	VPD	☐ DELETE
NAME	MUSANTE, VITO	
STREET ADDRESS	171 SUN ISLE CIR.	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	STD	☐ DELETE
NAME	KELLEHER, BRIAN	
STREET ADDRESS	105 SUN CIR	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	☑ DELETE
NAME	CARRALERO, JULIO	
STREET ADDRESS	154 SUN ISLE CIR.	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	☐ DELETE
NAME	SCHLAGER, CAROLYN	
STREET ADDRESS	164 SUN ISLE CIRCLE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	PD	☐ Change ☑ Addition
1.2 NAME	DOMINIQUE REITER	
1.3 STREET ADDRESS	153 SUN ISLE CIRCLE	
1.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
2.1 TITLE	VSD	☐ Change ☑ Addition
2.2 NAME	DENNIS BACON	
2.3 STREET ADDRESS	144 SUN ISLE CIRCLE	
2.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
3.1 TITLE	TD	☑ Change ☐ Addition
3.2 NAME	BRIAN KELLEHER	
3.3 STREET ADDRESS	105 SUN ISLE CIRCLE	
3.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
4.1 TITLE	D	☑ Change ☐ Addition
4.2 NAME	VITO MUSANTE	
4.3 STREET ADDRESS	171 SUN ISLE CIRCLE	
4.4 CITY-ST-ZIP	TREASURE ISLAND FL 33706	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 R KELLEHER TREASURER 4/25/96 813-360-5185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)