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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
147 SUN ISLE CIRCLE #125 TREASURE ISLAND FL 33706 US	147 SUN ISLE CIRCLE TREASURE ISLAND FL 33706-4968 US

3. Date Incorporated or Qualified: 07/17/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

KELLEHER, BRIAN R.
147 SUN ISLE CIRCLE
#125
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D/S	☒ Change ☐ Addition
NAME	REITER, DOMINIQUE		1.2 NAME		
STREET ADDRESS	153 SUN ISLE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MUSANTE, VITO		2.2 NAME		
STREET ADDRESS	171 SUN ISLE CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL 33706		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	D/P/T	☒ Change ☐ Addition
NAME	KELLEHER, BRIAN		3.2 NAME		
STREET ADDRESS	105 SUN ISLE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D/VP	☐ Change ☒ Addition
NAME	MUSANTE, VITO		4.2 NAME	Winnie Wittenburg	
STREET ADDRESS	171 SUN ISLE CIRCLE		4.3 STREET ADDRESS	165 Sun Isle Circle	
CITY-ST-ZIP	TREASURE ISLAND FL		4.4 CITY-ST-ZIP	Treasure Island FL 33706	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHLAGER, CAROLYN		5.2 NAME	Linda Patnaude	
STREET ADDRESS	164 SUN ISLE CIRCLE		5.3 STREET ADDRESS	151 Sun Isle Circle	
CITY-ST-ZIP	TREASURE ISLAND FL 33706		5.4 CITY-ST-ZIP	Treasure Island FL 33706	
TITLE	VSD	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	BACON DENNIS		6.2 NAME	Marcella Lysy.	
STREET ADDRESS	144 SUN ISLE CIRCLE		6.3 STREET ADDRESS	128 Sun Isle Circle	
CITY-ST-ZIP	TREASURE ISLAND FL		6.4 CITY-ST-ZIP	Treasure Island FL 33706	

CR2E037 (9/96)

14. I do 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: [signature] BRIAN R. KELLEHER 4/27/97 813-360-3155