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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33275** (1)
1. Corporation Name
SUN KETCH III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 147 SUN ISLE CIRCLE #125 TREASURE ISLAND FL 33706 US	Mailing Address 147 SUN ISLE CIRCLE TREASURE ISLAND FL 33706 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/17/1989	
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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 85 Zip Code FL

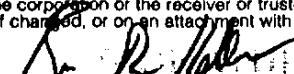
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DS ☐ DELETE
NAME	REITER, DOMINIQUE
STREET ADDRESS	153 SUN ISLE CIRCLE
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	D ☐ DELETE
NAME	MUSANTE, VITO
STREET ADDRESS	171 SUN ISLE CIR.
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	OPT ☐ DELETE
NAME	KELLEHER, BRIAN
STREET ADDRESS	105 SUN ISLE CIRCLE
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	DVP ☒ DELETE
NAME	WITTENBURG, WINNIE
STREET ADDRESS	165 SUN ISLE CIR
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	D ☐ DELETE
NAME	POTNAUDE, LINDA
STREET ADDRESS	151 SUN ISLE CIR
CITY-ST-ZIP	TREASURE ISLAND FL
TITLE	D ☐ DELETE
NAME	LYSY, MARCELLA
STREET ADDRESS	128 SUN ISLE CIR
CITY-ST-ZIP	TREASURE ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	DVP
6.3 STREET ADDRESS	LYSY, MARCELLA
6.4 CITY-ST-ZIP	128 SUN ISLE CIR. TREASURE ISLAND, FL 33706

14. 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 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:  **BRIAN R. KELLEHER** PRESIDENT 4/18/98 815-360-3185

CR2E037 (10/97)