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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

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 US

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

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

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	DS	☐ DELETE	1.1 TITLE		☐ 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	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MUSANTE, VITO		2.2 NAME		
STREET ADDRESS	171 SUN ISLE CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	DPT	☐ DELETE	3.1 TITLE		☐ 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	DVP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WITTENBURG, WINNIE		4.2 NAME		
STREET ADDRESS	165 SUN ISLE CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POTNAUDE, LINDA		5.2 NAME		
STREET ADDRESS	151 SUN ISLE CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	DVP	☒ Change ☐ Addition
NAME	LYSY, MARCELLA		6.2 NAME	LYSY, MARCELLA	
STREET ADDRESS	128 SUN ISLE CIR		6.3 STREET ADDRESS	128 SUN ISLE CIR.	
CITY-ST-ZIP	TREASURE ISLAND FL		6.4 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	

CR2E037 (10/97)

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: [signature] BRIAN R. KELLEHER PRESIDENT 4/18/98 813-360-3165