

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90005 018 ****61.25

DOCUMENT # N33275

1. Entity Name

SUN KETCH III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

147 SUN ISLE CIRCLE
 TREASURE ISLAND FL 33706
 US

Mailing Address

147 SUN ISLE CIRCLE
 TREASURE ISLAND FL 33706
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2967320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **RENSHAW, JOHN**
 STREET ADDRESS **189 SUN ISLE CIR.**
 CITY-ST-ZIP **TREASURE ISLAND FL 23706**

TITLE **D** ☐ Delete
 NAME **MUSANTE, VITO**
 STREET ADDRESS **171 SUN ISLE CIR.**
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **DPT** ☐ Delete
 NAME **KELLEHER, BRIAN**
 STREET ADDRESS **105 SUN ISLE CIRCLE**
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **VP** ☐ Delete
 NAME **PATNAUDE, LUNDA**
 STREET ADDRESS **151 SUN ISLE CIRCLE**
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **DS** ☐ Delete
 NAME **REITER, DOMINIQUE**
 STREET ADDRESS **153 SUN ISLE CIRCLE**
 CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BRIAN R. KELLEHER

2/22/02

727-360-3185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)