## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N33275

FILED Mar 24, 2006 Secretary of State

Entity Name: SUN KETCH III CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place	of Busi	ness:		New Prince	ipal Place o	f Busine	ss:
	ISLE CIRCLE RE ISLAND, FL	33706	US					
Current N	lailing Addres	ss:			New Maili	ng Address:		
	ISLE CIRCLE RE ISLAND, FL	33706	US					
FEI Number	: 59-2967320	FEI Nur	nber Applied For()	FEI Num	ber Not App	licable ( )	Certifica	ate of Status Desired ( )
Name and	d Address of C	Current F	Registered Agent:		Name and	Address of	New Reg	jistered Agent:
LAMONT,						E MANAGEN	MENT, IN	C.
250 104TH TREASUF	RE ISLAND, FL	33706	US		7300 PARI SEMINOLE	E, FL 33777	US	
	e named entity e of Florida.	submits t	his statement for the p	ourpose of	changing i	ts registered	office or r	registered agent, or both
SIGNATU	RE: RESOUR	RCE MAN	AGEMENT, INC.				C	3/24/2006
	Electror	nic Signat	ure of Registered Age	ent				Date
OFFICER	S AND DIREC	TORS:			ADDITION	IS/CHANGES	S TO OFF	ICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	VD ( MUSANTE, VIT 171 SUN ISLE TREASURE ISI	CIR.			Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title: Name: Address: City-St-Zip:	SD ( WOZNY, PAM 110 SUN ISLE TREASURE ISI		33706		Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title: Name:	PTD ( REITER, DOMI 153 SUN ISLE TREASURE ISI	CIRCLE	33706		Title: Name: Address: City-St-Zip:	PD (X REITER, DOM 153 SUN ISLE TREASURE IS	IINIQUE CIRCLE	( ) Addition 33706
Address: City-St-Zip:					Title:	(	) Change	( ) Addition
	D ( STAATS, RUCH 106 SUN ISLE SAINT PETERS	CIRCLE	33706		Name: Address: City-St-Zip:	,		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

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