

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33275

FILED
Jan 27, 2009
Secretary of State

Entity Name: SUN KETCH III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

250 104TH AVE
TREASURE ISLAND, FL 33706 US

New Principal Place of Business:

147 SUN ISLE CIRCLE
TREASURE ISLAND, FL 33706 US

Current Mailing Address:

250 104TH AVE
TREASURE ISLAND, FL 33706 US

New Mailing Address:

FEI Number: 59-2967320 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAMONT MANAGEMENT INC.
250 104TH AVE
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CATHY, MCCANN
Address: 122 SUN ISLE CIR.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VP () Delete
Name: GOLDSMITH, KEN
Address: 167 SUN ISLE CIRCLE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D () Delete
Name: REITER, DOMINIQUE
Address: 153 SUN ISLE CIRCLE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S () Delete
Name: VENNER, AL
Address: 168 SUN ISLE CIRCLE
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D () Delete
Name: BOTKIN, JACKIE
Address: 125 SUN ISLE CIRCLE
City-St-Zip: SAINT PETERSBURG, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ZARNOSKI, JOSEPH
Address: 165 SUN ISLE CIRCLE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CATHY MCCANN

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date