

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-03-2003 90960 005 ****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**

☐ CHECK HERE IF MAKING CHANGES

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 **SUE LAMONT**
Street Address (P.O. Box Number is Not Acceptable)
250 104th Ave.
City **TREASURE ISLAND FL** Zip Code **33706**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **DVP** ☒ Change ☐ Addition
NAME **PATNAUDE, LINDA**
STREET ADDRESS **151 SUN ISLE CIRCLE**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)