

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33275

Entity Name: SUN KETCH III CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**SUN ISLE CIRCLE
TREASURE ISLAND, FL 33706**Current Mailing Address:**SUN KETCH III
C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
TREASURE ISLAND, FL 33706 US**FEI Number:** 59-2967320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMONT MANAGEMENT, INC.
LAMONT MANAGEMENT, INC.
250 104TH AVENUE
TREASURE ISLAND, FL 33706 US*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:** STEPHANIE HENDRIX

01/08/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	DONAN, TOM
Address	C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	PRESIDENT
Name	POPPER, BRUCE
Address	C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	DIRECTOR
Name	MCCANN, CATHY
Address	C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	VP
Name	MUSANTE, VITO
Address	C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

Title	TREASURER, SECRETARY
Name	REITER, DOMINIQUE
Address	C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE
City-State-Zip:	TREASURE ISLAND FL 33706

I hereby 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 all other like empowered.

SIGNATURE: BRUCE POPPER

PRESIDENT

01/08/2018

Electronic Signature of Signing Officer/Director Detail

Date