## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #737276**

1. Entity Name SUNSET BEACH VILLAS CONDOMINIUM ASSOCIATION,



## **FILED** Feb 19, 2004 8:00 am Secretary of State 02-19-2004 90023 006 \*\*\*\*61.25

						600 W	19.51						
Principal Place of Business SOUTH SEAS PLANTATION RESORT PLANTATION ROAD CAPTIVA, FL 33924 US			P.O. B Plant	Mailing Address P.O. BOX 194 PLANTATION ROAD CAPTIVA, FL 33924 US				#556.170 <b>5</b> 6					
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01072004	Chg-NP	CR2E0	37 (10/03)			
City & State			City & State					4. FEI Numbe 59-189			<b>⊢</b> + ·	oplied For	
Zip Country			Zip	Zip Cou			_	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	Registered	legistered Agent				7. Name and	Address of Ne	w Registered	Agent			
						Name	-						
SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD				Street A			ddress (F	dress (P.O. Box Number is Not Acceptable)					
ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924													
						City				F	Zip Cod	ie	
8. The above	named entity	y submits this statement for	or the purpo	se of changing its	register	ed office or	register	ed agent, or bo	th, in the State of	f Florida. I am	familiar with	and accept	
	ions of regist				-		•						
							•						
SIGNATURE .		****						<u></u>					
	Signature, typed	or printed name of registered agen	t and title if appli	cable. (NOT	E: Registere	d Agent signat	ure required	when reinstating)		DATE			
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185	_	e is \$61.25 Nav 1. 2004		Trust Fund (				\$5.00 May B Added to Fees	Se F	Florida Depa			
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10			DECTORS										
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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