

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90310 017 ****61.25

DOCUMENT # 737276 1. Entity Name SUNSET BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business SOUTH SEAS PLANTATION RESORT PLANTATION ROAD CAPTIVA, FL 33924 US			Mailing Address P.O. BOX 194 PLANTATION ROAD CAPTIVA, FL 33924 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D BETHEA, STEPHEN DR 1664 W WESLEY RD NW ATLANTA, GA 30327	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DR Palaia, Frank 16107 Mount Abbey Way # 201 Ft Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBSTER, JACK 691 CHIDESTER AVE GLEN ELLYN, IL 60137	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DR Bethea, Stephen 1664 W Wesley Rd NW Atlanta, Ga 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOGEL, LOUIS DR 7711 NEWPORT LN PARKLAND, FL 33067	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hullstrung, Toni 7873 Go Caves way Ft Myers, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE FRANK, PALAIA 9320 WATE LILY CT #502 FORT MYERS, FL 33919	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HULLSTRUNG, TONI 1-8 MURRAY AVE MAHWAH, NJ 07430	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE 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: F. L. PALAIA 28 FEB 05 239-472-7508 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					