

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90026 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**

50009710



01072006 Chg-NP CR2E037 (11/05)

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
59-1898994

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DR. PALAIA, FRANK 16107 MOUNT ABBEY WAY #201 FORT MYERS, FL 33908	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DR. BETHEA, STEPHEN 1664 W. WESLEY RD NW ATLANTA, GA 30327	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULLSTRUNG, TONI 7873 60 CANES WAY FORT MYERS, FL 33916	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Webster, Jack 691 Chidester Clen Ellyn, IL 60137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yogel, Louis Dr 7711 Newport Ln Parkland, FL 33067	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diane Suchy 7 S. 525 Old College Rd Naperville, IL 60540	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dr. Bethua Stephen 1664 W. Wesley RD N.W Atlanta GA 30327	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06
Date

239-472-7508
Daytime Phone #