

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90199 014 ****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**

00001000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1898994

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 2007**

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 VP ☐ Delete
NAME WEBSTER, JACK
STREET ADDRESS 691 CHIDESTER
CITY-ST-ZIP GLEN ELLYN, IL 60137

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

TITLE PD ☐ Delete
NAME DR. BETHEA, STEPHEN
STREET ADDRESS 1664 W. WESLEY RD NW
CITY-ST-ZIP ATLANTA, GA 30327

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

TITLE D ☐ Delete
NAME SUCHY, DIANE
STREET ADDRESS 7 S 525 OLD COLLEGE ROAD
CITY-ST-ZIP NAPERVILLE, IL 60540

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

TITLE D ☐ Delete
NAME YOGEL, LOUIS DR
STREET ADDRESS 7711 NEWPORT LANE
CITY-ST-ZIP PARKLAND, FL 33067

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B.H. Dekker / AGENT 1-12-08, 239-472-7506