2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 737276

1. Entity Name
SUNSET BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.

FILED
08 MAY 12 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
SOUTH SEAS PLANTATION RESORT PLANTATION ROAD CAPTIVA, FL 33924 US	ISLAND MANAGEMENT GROUP P.O. BOX 100 SANIBEL, FL 33957 US

01172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
711 TARPON Bay Rd	P.O. Box 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANIBEL, FL	City & State: SANIBEL, FL
Zip: 33957 Country: USA	Zip: 33957 Country: USA

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: STEVEN MACKESY Street Address (P.O. Box Number is Not Acceptable): 711 TARPON BAY Rd City: SANIBEL FL Zip Code: 33957

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 _____ 4/15/08
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, 2008

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	VP WEBSTER, JACK 691 CHIDESTER GLEN ELLYN, IL 60137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DR. BETHEA, STEPHEN 1664 W. WESLEY RD NW ATLANTA, GA 30327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUCHY, DIANE 7 S 525 OLD COLLEGE ROAD NAPERVILLE, IL 60540	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DiAnie Suchy 75 525 Old College Rd Naperville, IL 60540	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOGEL, LOUIS DR 7711 NEWPORT LANE PARKLAND, FL 33067	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fleestone, Glen 69 Roxen Drive Rockville Centre, NY 11570	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ray, Mauey 6233 Preston Creek Dr. Dallas, TX 75240	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600129597916 05/15/08--01026--022 **61.25	☐ 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: S/S Bethea JS BETHEA, III President SBV 4/11/08 4043521004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #