

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762688 (0)

1. Corporation Name

SOUTH SEAS PLANTATION BEACH HOME CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 194
ATTN: ASSN. MGMT.
CAPTIVA ISLAND FL 33924
US

P.O. BOX 194
ATTN: ASSN. MGMT.
CAPTIVA ISLAND FL 33924
US

3. Date Incorporated or Qualified

03/31/1982

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1580069

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUTH SEAS PLANTATION RESORT
13000 CAPTIVA ROAD
ATTN: ASSN. MGMT.
CAPTIVA ISLAND FL 33924

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FADIMAN, ANNA LEE
STREET ADDRESS P.O. BOX 459 #13 N/A
CITY-ST-ZIP CAPTIVA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME NOYES, SUSAN
STREET ADDRESS 1150 WILMETTE AVE, SUITE E
CITY-ST-ZIP WILMETTE IL 60091

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ANGLE, RICHARD
STREET ADDRESS P.O. BOX 428 N/A
CITY-ST-ZIP MARION MA

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME DARDICK, NATHAN
3.3 STREET ADDRESS 2331 Orrington Avenue
3.4 CITY-ST-ZIP Evanston, IL 60201

TITLE PD ☐ DELETE
NAME WEHMANN, FREDERICK
STREET ADDRESS P.O. BOX 265 N/A
CITY-ST-ZIP CAPTIVA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LEIMDORFER, DR. MARTIN
STREET ADDRESS STRANDVAGEN 11
CITY-ST-ZIP STOCKHOLM SW

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME KELLY, MICHAEL F.
5.3 STREET ADDRESS 22 Circle West
5.4 CITY-ST-ZIP Edina, MN 55436

TITLE VD ☐ DELETE
NAME FREEMAN, JAMES
STREET ADDRESS 53 CLEVELAND STREET
CITY-ST-ZIP CHAGRIN FALLS OH 44022

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frederick Wehmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick Wehmann

4/2/96

Date

941-395-2774

Daytime Phone #

CR2E037 (12/95)