

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90201 021 ****61.25

DOCUMENT # 762688

1. Entity Name :

SOUTH SEAS PLANTATION BEACH HOME CONDOMINIUM ASS

Principal Place of Business

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

Mailing Address

P.O. BOX 194
 ATTN: ASSN. MGMT.
 CAPTIVA ISLAND 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

4. FEI Number

59-1580069

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **SCHNEIDER, RICK**
 STREET ADDRESS **664 ARIZONA PASS**
 CITY-ST-ZIP **ELK GROVE VILLAGE IL 60007**

TITLE **D** ☒ Change ☐ Addition
 NAME **SCHNEIDER, RICK**
 STREET ADDRESS **13000 South Seas Plantation Rd.**
 CITY-ST-ZIP **CAPTIVA, FL 33924**

TITLE **D** ☒ Delete
 NAME **BUCHER, BRIAN**
 STREET ADDRESS **3871 MISSION HILLS RD. S**
 CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE **SD** ☒ Change ☐ Addition
 NAME **BUCHER, BRIAN**
 STREET ADDRESS **3871 MISSION HILLS RD. S**
 CITY-ST-ZIP **NORTHBROOK, IL 60062**

TITLE **P** ☐ Delete
 NAME **DARDICK, NATHAN**
 STREET ADDRESS **2331 ORRINGTON AVE**
 CITY-ST-ZIP **EVANSTON IL 60201**

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

TITLE **D** ☒ Delete
 NAME **BENTELE, RAYMOND**
 STREET ADDRESS **13043 AMBROOKE VALLEY CT**
 CITY-ST-ZIP **ST LOUIS MO 63141**

TITLE **SD** ☒ Change ☐ Addition
 NAME **BENTELE, RAYMOND**
 STREET ADDRESS **13043 AMBROOKE VALLEY COURT**
 CITY-ST-ZIP **ST LOUIS, MO 63141**

TITLE **STD** ☒ Delete
 NAME **KELLY, MICHAEL F.**
 STREET ADDRESS **22 CIRCLE WEST**
 CITY-ST-ZIP **EDINA MN 55436**

TITLE **VD** ☒ Change ☐ Addition
 NAME **KELLY, MICHAEL F.**
 STREET ADDRESS **22 CIRCLE WEST**
 CITY-ST-ZIP **EDINA, MN 55436**

TITLE **VD** ☒ Delete
 NAME **FREEMAN, JAMES**
 STREET ADDRESS **53 CLEVELAND STREET**
 CITY-ST-ZIP **CHAGRIN FALLS OH 44022**

TITLE **D** ☒ Change ☐ Addition
 NAME **FREEMAN, JAMES**
 STREET ADDRESS **53 CLEVELAND STREET**
 CITY-ST-ZIP **CHAGRIN FALLS, OH 44022**

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:

James Freeman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/01

941-472-5111

CR2E037 (10/00)