## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

766387

(5)

SHELL HARBOR INN RESORT & CLUB I CONDOMINIUM ASS OCIATION, INC.

Principal Place of Business

Mailing Address



937 GULF DR SANIBEL ISLA	rive And Fl 33957		937 GULF DRIV SANIBEL ISLAN		57							
•								12/30/1982 04			of Last Report 4/20/1995	
2. Principal Pla	_		2a. Mailing Address					4. FEI Number			Applied For	
P.O. Box 194			26 P.O. Box 194					59-2378026			Not Applicable	
Suite, Apt. #, etc. 2 Attn: Assn. Mgmt.			Suite, Apt. #, etc. 27 Attn: Assn. Mg1			1g	mt.	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State  23 Capti		land, FL	City & State 28 Capti	va I	sland	ı,	FL	Election Campaign Financing     Trust Fund Contribution		-	.00 May Be ded to Fees	
Zip 24 33924		Country	Zip 29 33924		Countr 30 US			8. This corporation has liability for in Florida Statutes	ntangible ta		s. 199.032,	
	9. Name s	ind Address of Current	Registered Agent					10. Name and Address of New Ro	egistered	Agent		
					8.	۱	Name					
SOUTH	SEAS PLAN	TATION RESORT			8:	2	Street Ad	Idress (P.O. Box Number is Not Acceptable	e)			
13000 CAPTIVA ROAD												
	ASSN. MGM				8:	3						
CAPTIVA			8	4	City			85	Zip Code			
							ŕ		FL	.   `		
or registere	ed agent, or b	ns of Sections 617,0302 toth, in the State of Florid the obligations of, Section	<ul> <li>a. Such change was :</li> </ul>	authorized	d by the cor	por	ration's b	poration submits this statement for the pur pard of directors. I hereby accept the appo	pose of one	registei	red agent. I am	
JOHAN OF IE	Signature, typed or	printed name of registered agent a		(NOTE		jent s	signature req	uired when reinstating)	DATE		7.050.41.40	
12.		OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF		□ Chang		
TITLE	D.	101111	DEL	EIE	1.1 TITLE		- 1			Chang	Je Xudition	
NAME	BURNS,				1.2 NAM	-	. 1					
STREET ADDRESS		NDER RD., STE. 330			13 STRE							
CITY-ST-ZIP	n D	PIKE OH	[]D£L	ETE	1.4 CITY 2.1 TITLE	_	- 218			Chano	e Addition	
TITLE	_	IN, DAVID		LIL	2 2 NAM						,	
NAME		NNEHAHA BLVD.			2.3 STRE		unneces					
STREET ADDRESS	EDINA N				2.3 STRE							
CITY-ST-ZIP TITLE	D	111	[ ]DEL	ETE	3 1 TITLE		1 - 211	DP		Chan	ge Addition	
NAME	-	IAN, ALLAN			3 2 NAM							
STREET ADDRESS		DCHESTER ROAD					ADDRESS					
CITY-ST-ZIP	BETHES				3.4. CiTy		1					
TITLE			DEL	.ETE	4 1 TITLE	E				Chan	ge 🔲 Addition	
NAME					4 2 NAM	Æ						
STREET ADORESS					4 3 STRE	ET A	ADDRESS					
CITY - ST - ZIP					4.4 CITY	-ST	- ZIP					
TITLE			□DEL	ETE	5 1 TITLI	F				Chan	ge 🔲 Addition	
NAME					5 2 NAM							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					5 4 CITY		- ZIP			Ches-	as Addition	
TITLE			□DEL	Ltlt	61 TITL		1			Chan	ge 🔲 Addition	
NAME					62 NAM							
STREET ADDRESS							ADDRESS					
CITY-\$T-ZIP			with this films is uslue	tanil dan da	6.4 CITY			fy for the exemption stated in Section 110	07/2\/IA EI	orida Št	atutoe I further	

instruction 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 fiscated 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 direction of the conforation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name k/1 if changed, or on an attachment with an address. certify that the information oath; that I am an office appears in Block 12 of Bl

WOUNDY -ALLAN D. SILEGAMAN Allan D.