FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749139 (2)

1. Corporation Name
SOUTH SEAS NORTHWEST CONDOMINIUM APARTMENTS OF M ARCO ISLAND, INC.

Principal Place of Business	Mailing Address
380 SEAVIEW CT MARCO ISLAND FL 33937	380 SEAVIEW CT MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1979
3a. Date of Last Report: 07/22/1994
4. FEI Number: 59-2513174 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KALAKA, ART
440 SEAVIEW CT.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	MADONNA, RALPH F.	1.2 NAME		
STREET ADDRESS	380 SEAVIEW CT	1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 00000	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	HEPP, MARIE	2.2 NAME		
STREET ADDRESS	380 SEAVIEW CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	MADDEN, GERALD	3.2 NAME		
STREET ADDRESS	440 SEAVIEW CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 00000	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	BUSSEY, HARRY JR.	4.2 NAME		
STREET ADDRESS	440 SEAVIEW CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 00000	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE	President	☒ Change ☐ Addition
NAME	BUSSEY, JOYCE	5.2 NAME		
STREET ADDRESS	440 SEAVIEW CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 00000	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	ROSS, JOYCE	6.2 NAME	Alan Crossley	
STREET ADDRESS	440 SEAVIEW CT.	6.3 STREET ADDRESS	440 Seaview Court	
CITY-ST-ZIP	MARCO ISLAND FL	6.4 CITY-ST-ZIP	Marco Island, FL 33937	

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)(i), 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: Joyce Bussey 2-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

JOYCE BUSSEY 813-394-8826
Typed or Printed Name of Person Signing

000501