

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gwendolyn B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY 1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **749313** (3)

1. Corporation Name  
**SANIBEL SEAVIEW CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: **737 E. GULF DR. P.O. BOX 625 SANIBEL FL 33957**  
Mailing Address: **737 E. GULF DR. P.O. BOX 625 SANIBEL FL 33957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1979**  
3a. Date of Last Report: **06/10/1994**  
4. FFI Number: **59-1901527**  
Applied For:   
Not Applicable:

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City, State  
28. Zip  
29. Country  
30. Country

**Po Box 100**  
**Sanibel, FL**  
**33957**  
**USA**

5. Certificate of status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$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

9. Name and Address of Current Registered Agent  
**JAMBECK, NICK**  
**1630 PERIWINKLE WAY**  
**STE G**  
**SANIBEL FL 33957**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. State  
86. Zip

**1630 Periwinkle Way**  
**Sanibel**  
**FL**  
**33957**

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: \_\_\_\_\_  
Type in typed or printed name of registered agent and the registered agent.

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HAWTHORNE, RICHARD L
STREET ADDRESS	737 E GULF DR
CITY, ST, ZIP	SANIBEL FL
TITLE	SD
NAME	FOWLER, FRED
STREET ADDRESS	737 E GULF DRIVE
CITY, ST, ZIP	SANIBEL ISLAND, FL 00000
TITLE	PD
NAME	WASSON, FIELD
STREET ADDRESS	737 E GULF DR
CITY, ST, ZIP	SANIBEL ISL, FL 00000
TITLE	D
NAME	HARRISON, DAVID
STREET ADDRESS	737 E GULF DR
CITY, ST, ZIP	SANIBEL ISL, FL 00000
TITLE	D
NAME	GUSTAPHSON, HARRY
STREET ADDRESS	737 E. GULF DR.
CITY, ST, ZIP	SANIBEL FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 Sections 139.07(1)(b), 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 member or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Field Wasson* **FIELD WASSON** 4-17-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR