

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 # 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: **P.O. BOX 100 P.O. BOX 625 SANIBEL FL 33957 US**

3. Date Incorporated or Qualified: **10/15/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1901527**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAMBECK, NICK
1633 PERIWINKLE WAY
STE G
SANIBEL FL 33957**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAWTHORNE, RICHARD L	
STREET ADDRESS	737 E GULF DR	
CITY-ST-ZIP	SANIBEL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, FRED	
STREET ADDRESS	737 E GULF DRIVE	
CITY-ST-ZIP	SANIBEL ISLAND, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WASSON, FIELD	
STREET ADDRESS	737 E GULF DR	
CITY-ST-ZIP	SANIBEL ISL, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, DAVID	
STREET ADDRESS	737 E GULF DR	
CITY-ST-ZIP	SANIBEL ISL, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUSTAPHSON, HARRY	
STREET ADDRESS	737 E. GULF DR.	
CITY-ST-ZIP	SANIBEL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S/O KATHY CLUMPNER
2.3 STREET ADDRESS	737 E GULF DR.
2.4 CITY-ST-ZIP	SANIBEL, FL 33957
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T/O
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT SPROTTE
5.3 STREET ADDRESS	737 E. GULF DR.
5.4 CITY-ST-ZIP	SANIBEL, FL 33957
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Field Wasson Date: Jan 16, 1996 Daytime Phone #: 941-472-5373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)